



**CITY OF PLEASANTON**  
**HOTEL TRANSIENT OCCUPANCY TAX (T.O.T.) RETURN**  
*For the Month / Quarter Ending*  
 ( \_ / \_ / \_ through \_ / \_ / \_ )

Number of Rooms	
Percent of Occupancy	%

CHANGE OF OWNERSHIP must be filed and reported immediately to the Finance Department, City of Pleasanton  
 IF BUSINESS IS DISPOSED OF, OR SUSPENDED, FINAL RETURN must be filed, and tax due paid within 30 days  
 IF THIS IS A FINAL RETURN CHECK HERE:

1 Total Receipts from Room Rentals (Excluding tax)..... \$ \_\_\_\_\_

**Exemptions:**

2 Receipts for rooms occupied more than 30 days..... \_\_\_\_\_

3 Other..... \_\_\_\_\_

4 Total Exemptions (add line 2 and 3)..... \_\_\_\_\_

5 Taxable receipts (line 1 less line 4)..... \_\_\_\_\_

6 Adjustments (explanation required)..... \_\_\_\_\_

7 Adjusted Taxable receipts (line 5 plus line 6)..... \_\_\_\_\_

8 Tax Due (8% of line 7)..... \_\_\_\_\_

9 **Delinquent Returns \***

A Penalty (10% of Line 8)..... \_\_\_\_\_

B Additional Penalty (10% of line 8 if more then 30 days delinquent)..... \_\_\_\_\_

C Interest (5% of line 8 X number of months delinquent )..... \_\_\_\_\_

Sub total (A+B+C)..... \_\_\_\_\_

**TOTAL DUE - REMIT IN FULL..... \$ \_\_\_\_\_**

<b>-CERTIFICATION-</b>
I hereby Certify (or declare) under penalty of perjury that the foregoing is true and correct.
_____ Name of Hotel, Motel, etc.
_____ Signature
_____ Title (Owner, Partner, Agent, Trustee or Officer if Corporation, etc.)
_____ Date

<b>* -NOTICE-</b>
The tax will be delinquent if not paid on or before the last day of the month in which due. A penalty of 10% will be added after delinquent date and an additional penalty of 10% will be added if delinquent more than 30 days, plus interest of one half of 1% per month, or fraction thereof on the amount of tax.

Mail to: Director of Finance, City of Pleasanton, P.O. Box 520, Pleasanton, CA 94566-0802