



CITY OF EMERYVILLE

INCORPORATED 1896

1333 PARK AVENUE
EMERYVILLE, CALIFORNIA 94608-3517
FINANCE DEPARTMENT (510) 596-4327 FINANCE@EMERYVILLE.ORG

Transient Occupancy Tax Return

Returns due by the end of the month following the period of TOT Return

Hotel Information:

Hotel Name: _____

Hotel Address: _____

Telephone No.: (____) _____ Email: _____ Number of Rooms: _____

Reporting Period: Month _____ Year _____

Details of Exemptions: (Please attach additional exemption details on a separate page if necessary)

Company Name	Total Room Nights	Gross Rent	Check-In Date	Check-Out Date	Type*
	Total:	Total:			

Tax Calculations:

1. Gross Rent for Occupancy of Rooms	\$
2. Less exemptions (detailed above)	\$
3. Taxable Rent (Line 1 less Line 2)	\$
4. Tax (12% of Line 3)	\$
5. Penalty for Late Payment (10% of Line 4)	\$
6. Interest (.5% of Line 4)	\$
7. Total Tax, Penalty, and Interest	\$

I declare, under penalty of perjury, that to the best of my knowledge and belief, the statements herein are true and correct.

Signature: _____ Date: _____

Name: _____ Telephone No.: _____

Title: _____

*Code for Exemption Types:

- a. Permanent Resident, after 30 days.
- b. Foreign Diplomat with U.S. State Department Identification
- c. Officer or Employee of the federal government when on official business.

Additional Data:

Room Nights Available Per Month	Room Nights Rented	Average Room Rate (Gross Rents divided by Room Nights Rented)	REVPAR (Gross Rents divided by Room Nights Available)

Please Remit to:
City of Emeryville
Attention: Finance Division
1333 Park Avenue
Emeryville, CA 94608-3517