

CITY OF OCEANSIDE
Transient Occupancy Tax Return
Hotel / Motel



Registration Certificate Number _____

Name of Hotel _____ Month _____ Year _____

A. **Total Potential Occupancy** _____ \$ _____
(number of rental units times number of days in month)

B. **Total Rooms Occupied** _____ \$ _____
(monthly sum of daily occupied rental units)

C. **Percentage of Rooms Occupied in Month** _____ \$ _____
(line (B) divided by line (A))

D. **Average Daily Rate** _____ \$ _____
(line (1) divided by line (B))

E. **Revenue per Available Room** _____ \$ _____
(line (1) divided by line (A))

1. **Gross Receipts from Occupancy of Rooms** _____ \$ _____

2. **Less Gross Receipts from Monthly Rentals** _____ \$ _____

3. **Less Transient Exemptions Claimed** _____ \$ _____

4. **Total Equals Taxable Transient Rents** _____ \$ _____
(total of lines 1-3)

5. **Total TOT Collected** _____ \$ _____
(10% of line 4)

6. **Oceanside Tourism Marketing District Assessment** _____ \$ _____
OTMD (1.5 % OF LINE 4)

7. **Penalty** _____ \$ _____
(10% of line 5 if received by the City of Oceanside after the last day of the month following the close of each calendar quarter)
POSTMARKS WILL NOT BE ACCEPTED

7A. **OTMD Penalty** _____ \$ _____
(10% of line 6 if received by the City of Oceanside after the last day of the month following the close of each calendar quarter)

8. **Additional Penalty** _____ \$ _____
(10% of line 5 if received by the City of Oceanside 30 days following the date on which the remittance first became delinquent)

8A. **OTMD Additional Penalty** _____ \$ _____
(10% of line 6 if received by the City of Oceanside 30 days following the date on which the remittance first became delinquent)

9. **Interest Charge** _____ \$ _____
(.5% of line 5 per month from delinquent date)

9A. **OTMD Interest Charge** _____ \$ _____
(.5% of line 6 per month from delinquent date)

Total TOT \$ _____
(lines 5,7,8 & 9)

Total OTMD \$ _____
(lines 6,7A,8A & 9A)

(Please submit two separate checks)

Signature and Date

I declare under penalty of making a false declaration that I am authorized to make this statement and that to the best of my knowledge and belief it is true, correct and a complete statement made in good faith for the period stated, in compliance with the provisions of the Oceanside City Code.

Signature _____ **Date** _____

City of Oceanside . Revenue Division . 300 North Coast Highway . Oceanside, CA 92054
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