

**CITY OF OCEANSIDE**  
**Transient Occupancy Tax Return**  
**Vacation Rental**



Registration Certificate Number \_\_\_\_\_

Rental Unit Address \_\_\_\_\_

Month / Quarter \_\_\_\_\_ Year \_\_\_\_\_

1. Gross Receipts from Vacation Rental Unit \_\_\_\_\_ \$ \_\_\_\_\_

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 \_\_\_\_\_

Print Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City of Oceanside . Revenue Division . 300 North Coast Highway . Oceanside, CA 92054  
(760) 435-3878