



CITY OF RANCHO MIRAGE

ADMINISTRATIVE SERVICES

FINANCE DIVISION

69-825 Highway 111, Rancho Mirage, CA 92270

Phone: 760.770.3207

(For City Use Only)

Date Processed: ____/____/____

Amount Rec.: \$ _____

By: _____

Hotel/Resort Monthly Transient Occupancy Tax Return

Reporting Period: _____

PROPERTY INFORMATION

Address: _____

Hotel/Resort Name: _____

INSTRUCTIONS

REMITTANCE – Checks should be made payable to "City of Rancho Mirage". Checks, drafts, postal notes and money orders are accepted by the City subject to collection and do not constitute payment until cleared. The City assumes no responsibility for loss in transit or delay in deposit.

RECEIPT – The canceled check becomes the receipt. No receipt will be mailed by the City unless a demand for same is made at the time of payment.

RECORDS – All records substantiating the return must be retained by the operator for a period of not less than three years from the date of payment.

CHANGE and CESSATION– Change of address or ownership must be reported immediately to the City. Upon cessation of business for any reason, outstanding returns and payments are due immediately.

1. Gross Receipts from Occupancy of Room: _____
2. Gross Receipts from Mandatory Fees: _____
3. Less Allowable Deductions
 - a. Permanent Resident (City Code 3.24.020): _____
 - b. Credits (Authorized by the City): _____
 - c. Exemptions (City Code 3.24.040): _____

TOTAL ALLOWABLE DEDUCTIONS (a, b and c above) _____
4. Net Taxable Receipts (Line 1 +2 – Line 3) _____
5. Taxes Due (Line 4 x 0.10 (10% tax rate)) _____
6. If Applicable
 - a. Late Penalty (15% of tax due, line 2, if paid within 30 days after the delinquent date*) _____
 - b. Interest (1.5% per month (or fraction thereof) in addition to the late penalty, on the amount of the tax from delinquent date to the date of payment) _____
7. Total Amount Due (Total of line 5, 6a and 6b) _____

CERTIFICATION

I hereby certify that the statements made herein are true and correct to the best of my knowledge and that applicable information has been provided.

Date: ____/____/____ Print Name: _____

(Signature)

PLEASE KEEP A COPY FOR YOUR RECORDS

*Delinquent Date: The first day of the second succeeding month following the close of each calendar month.

TRANSPARENCY NOTICE: Some or all of the content contained in this application and its attachments may be subject to disclosure pursuant to the California Public Records Act (Government Code section 6250, et se



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Itemized Schedule of Allowable Deductions - Transient Occupancy Tax Return Line 3

LINE 3A – Permanent Residents

City Code 3.24.020- Person(s) occupying a room for a period of 28 consecutive days or longer.

LINE 3B- Credits

Adjustments to tax authorized by Tax Administrator.

Date From	Date To	Name of Exempt Person	Amount	Reason

LINE 3C- Exemptions

Summary of allowable exemptions per city Code 3.24.040. Attach all exemption forms along with appropriate form of proof for the tax period.

Date From	Date To	Name of Exempt Person or Number in Group	Amount	Fed./State/Local Organization

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