TRANSIENT OCCUPANCY TAX
QUARTERLY REPORT
(LMC 3.24)

Business name: _____

Address: _____

Business telephone number: _____ Fax number: _____

Business owner: _____

Owner address: _____

Owner telephone number: _____ Contact: _____

CALENDAR QUARTER: 20____
1st Quarter (Jan, Feb, Mar): _____   2nd Quarter (Apr, May Jun):   _____
3rd Quarter (Jul, Aug, Sep): _____   4th Quarter (Oct, Nov, Dec):   _____

1. Total rental receipts: $_____
2. Rental receipts for occupancies of 31 consecutive days or more: $_____
3. Rental receipts on which transient tax applies *(Subtract Line 2 from Line 1)*: $_____
4. Amount of current transient tax *(Line 3 x 9%):* $_____

ADJUSTMENT OF PRIOR REPORTS FOR TRANSIENTS WHO HAVE COMPLETED 31 CONSECUTIVE DAYS OF OCCUPANCY TO QUALIFY AS A PERMANENT LODGER

5. Rental receipts previously reported as transients *(Amount x 9%)* $_____
6. Subtract Line 5 from Line 4, enter amount here: $_____
7. Penalty for late payment *(if applicable-Line 6 amount x 10%)* $_____
Tax is due on the last business day of the month following each calendar quarter;
e.g. 1st quarter taxes are due April 30th)
8. Total Transient Occupancy Tax Due: *(Line 6 plus Line 7)* $_____

Certification:
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 a true and correct statement made in good faith for the month stated.

Name of Operator or Agent:_____ Signature: _____

Title: _____ Date: _____

City of Lawndale
Finance Department