



**DEPARTMENT OF FINANCE  
TREASURER-TAX COLLECTOR  
COUNTY OF MONO**

P.O. BOX 495, BRIDGEPORT, CALIFORNIA 93517  
(760) 932-5480 • FAX (760) 932-5481

Name of Business: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

**TRANSIENT OCCUPANCY TAX RETURN  
FISCAL YR  
QUARTER COVERING:**

**FILE BY:  
DELINQUENT:**

- 1. Total rent charged for occupancies of rooms, campground sites, and R.V. sites: \_\_\_\_\_
- 2. Allowable deductions: Permanent Residents \_\_\_\_\_
- 3. Federal Exemptions: \_\_\_\_\_
- 4. Taxable rent (Line 1 minus Lines 2 & 3): \_\_\_\_\_
- 5. Total tax due (12% of line 4): \_\_\_\_\_
- 6. Penalty 1<sup>st</sup> month (15% of line 5): \_\_\_\_\_
- 7. Penalty 2<sup>nd</sup> month (15% of line 5 plus line 6): \_\_\_\_\_
- 8. Interest: (1.5% of line 5, for each month after line 7): \_\_\_\_\_
- 9. Total amount due and payable (Total of lines 5+6+7+8): \_\_\_\_\_

**TOTAL NUMBER OF ROOMS, RV SPACES, AND CAMPSITES AVAILABLE** \_\_\_\_\_

**AVERAGE RENTAL RATE** \_\_\_\_\_

I certify (or declare) under penalty of perjury that the foregoing statements are true and correct.

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

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

**YOUR CHECK MUST ACCOMPANY THIS RETURN**

If you are a new owner or have any questions regarding this return, please call (760) 932-5480

**NOTICE-PENALTY PROVISIONS:**

THE TAX WILL BE DELINQUENT IF NOT **POSTMARKED** AND PAID ON OR BEFORE THE LAST DAY OF THE MONTH IN WHICH DUE. A PENALTY OF 15% WILL BE ADDED AFTER THE DELINQUENT DATE AND AN ADDITIONAL PENALTY OF 15% WILL BE ADDED IF DELINQUENT MORE THAN THIRTY DAYS, PLUS INTEREST OF ONE AND ONE-HALF PERCENT (1.5%) PER MONTH OR FRACTION THEREOF OF THE TAX AMOUNT.

A RETURN AND PAYMENT IS DUE IMMEDIATELY UPON CESSATION OF BUSINESS  
**EVEN IF THERE IS NO TAX OWING, A RETURN MUST BE FILED WITH THE TAX COLLECTOR**