

**TRANSIENT OCCUPANCY TAX RETURN**  
City of Livermore Municipal Code Chapter 3.12



Name of Hotel/Motel \_\_\_\_\_

1052 S. Livermore Ave.  
Livermore, CA 94550  
(925) 960-4303

Address \_\_\_\_\_

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

Quarter Ending: \_\_\_\_\_

Date Due: \_\_\_\_\_

**COMPUTATION OF TAX**

Total occupancy charges for the month (excluding tax)	(1) \$	_____
<b>Exemptions and adjustments claimed (attach appropriate supporting information)</b>		
Rooms occupied more than thirty days . . .	\$	_____
Other Exemptions	\$	_____
TOTAL EXEMPTIONS	(2) \$	_____
Net charges subject to tax (line 1 minus line 2)	(3) \$	_____
Amount of tax (8% of line 3)	(4) \$	_____
Total penalties & interest (see notice below)	(5) \$	_____
<b>PAY THIS TOTAL (line 4 plus line 5)</b>	(6) \$	_____

**STATISTICAL INFORMATION**

Number of Rooms: _____
Percent of Occupancy: _____%

**\*NOTICE\***

Payment must be on or before the last day of the month following the reporting month. The tax will be delinquent if not paid on or before this date. A penalty of 10% will be added after the delinquent date and an additional penalty of 10% will be added if delinquent more than thirty days, plus interest of one-half of 1% per month, or fraction thereof on the amount of tax.

Please make checks payable to the City of Livermore and mail or deliver to the above address.

If Charge (Check one)     Visa         Master Card         American Express

Charge Account Number \_\_\_\_\_ Verification Number (last 3 digits on back) \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Office hours are 8:00 a.m. to 5:00 p.m.

\_\_\_\_\_  
Print the name of the person filing return

\_\_\_\_\_  
Title & phone number (Owner, Partner, Agent or Officer)

I declare under penalty of perjury that this information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EVEN IF THERE IS NO TAX DUE, A RETURN MUST BE FILED WITH THE FINANCE DEPARTMENT**