

No Carbon Required when white sheet is left on top of yellow sheet

ORIGINAL
Mail to City of Corning
794 Third Street
Corning, California 96021
(530) 824-7028

TAX RETURN
CITY OF CORNING
TRANSIENT OCCUPANCY TAX

Name of Business _____ Number of Rooms _____

Address _____

Period from _____ 20 _____ to _____ 20 _____

1. Total Receipts from Room Rentals \$ _____

EXEMPTIONS

2. Rooms occupied more than thirty days \$ _____

3. Other \$ _____

4. Bad debts from previous period \$ _____

5. TOTAL EXEMPTIONS \$ _____

6. TAXABLE RECEIPTS (Item 1 less Item 5) \$ _____

7. Amount of tax Due - 10% of Item 6 \$ _____

8. Interest \$ _____ Penalty _____ \$ _____

TOTAL \$ _____

CERTIFICATE

I Hereby Certify, That I have examined this report and that the statements made and the figures shown herein and in any accompanying schedules are to the best of my knowledge and belief a true and complete return, made in good faith for the period stated.

DO NOT FAIL

TO SIGN

HERE (SIGNED) _____

TITLE _____
Owner, Partner, Agent of Officer if Corporation, Trustee, etc.

DATE _____

NOTICE

The tax will be delinquent if not paid on or before the last day of the month following the month in which due.

A penalty of 10% will be added after delinquent date and an additional penalty of 10% will be added if delinquent more than thirty days.

In addition to the penalties imposed, interest at the rate of one-half of 1% per month on the amount of the tax, from the date on which the remittance first became delinquent until paid.