

City of Desert Hot Springs 11999 Palm Drive Desert Hot Springs, CA 92240 Questions: TOT (760) 329-6411 x248 TMD (760) 969-1303

Finance Department TRANSIENT OCCUPANCY TAX "TOT"

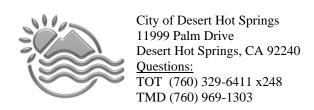
Business name & address:	For the Month of:	
	, 2021	
	Return Delinquent if Not Filed By:	

TAX RETURNS MUST BE FILED, EVEN IF NO TAX IS DUE

Due on or before last day of the month following the close of each month reported.

The date of the postmark, or actual date received in our office, will determine delinquency.

1.Gross Rent for Occupancy of All Rooms	
 2. Less Deductions: A. Rent for occupancy by permanent residents. A permanent resident is one who occupies or has right of occupancy for more than 28 consecutive days (attached signed exemption form required). B. Federal or State business, paid for directly by the Federal/State Government Total Allowable Deductions: 	
3. Taxable Rent: Amount on Line 1 less amount on Line 2	
4. Transit Occupancy Tax: Twelve percent (12%) of amount on Line 3 Note: Lines 5, 6 & 7 should be completed only if the tax shown on Line 4 is being paid after the delinquent date shown above.	
5. Tourism Business Improvement Dist. (TBID): One percent (1%) of amount on Line 3 Note: Should be completed only for STVR (Short Term Vacation Rentals). Excluding Hotels.	
6. First Penalty: If the Transit Occupancy Tax is being paid after the delinquent date shown above, add a FIRST PENALTY of ten percent (10%) of the amount shown on Line 4	
7. Second Penalty: If the Transit Occupancy Tax is being paid more than one month after the delinquent date shown above, add an additional SECOND PENALTY of ten percent (10%) of the amount shown on Line 4.	
8. Interest: Interest on unpaid TOT is to be computed at the rate of one-half percent (.5%) for each month or portion thereof from the delinquent date shown above.	
9. Total Taxes, TBID, Penalties & Interest: (Lines $4+5+6+7+8$)	



TOURISM MARKETING DISTRICT "TMD" Questions: (760) 969-1303

MAKE CHECKS PAYABLE TO THE CITY OF DESERT HOT SPRINGS

declare under penalty of making a false or fraudulent statement, that to the best of ny knowledge and belief, the statements herein are correct and true.		
Signature	Title	Date
Printed Name		

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