

Business Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

City Address (if different): _____

No. of Spaces/Rooms _____ Percent of Occupancy _____ %

CHANGE OF ADDRESS must be filed and reported immediately to the City of Plymouth Tax Collector. If BUSINESS IS DISPOSED OF OR SUSPENDED, closing return must be filed immediately, at the Tax Collector's office, and the tax due must be paid. No change of ownership can be recorded until this is done. CHECKS, DRAFTS, POSTAL NOTES, and MONEY ORDERS in the exact amount of amount of tax due, are accepted by the Tax Collector only as an agent of the taxpayer and do not constitute payment until cleared. The Tax Collector assumes no responsibility for loss in transit. REMITTANCE: Avoid penalty, be sure proper remittance is enclosed

**Make Checks Payable To
CITY OF PLYMOUTH**

City of Plymouth

Office of : Tax Collector

9426 Main Street, P.O. Box 429 Plymouth, CA 95669

Return on Transient Occupancy Tax

Be sure form is filled out completely and correctly. Interest and penalties for delinquency: **Return is delinquent after one calendar month from close of period.** Penalty is 10% of amount of tax if tax paid within 60 days of delinquency date, and 20% if paid thereafter. In addition to penalties, interest of 1/2 of 1% per month, or fraction thereof, is payable from the date of delinquency.

Period Covered:

| | |
|---|--|
| 1. GROSS RENT FOR OCCUPANCY | |
| 2. LESS ALLOWABLE DEDUCTIONS: Rent for occupancy by permanent residents(one who occupies or has right of occupancy at least 30 consecutive days). | |
| 3. Rent covered by government exemption | |
| 4. TOTAL ALLOWABLE DEDUCTIONS Line 2 plus Line 3 | |
| 5. Taxable Rents: Line 1 minus Line 4 | |
| 6. Tax 10% of Line 5 | |
| 7. Penalties: 10 % of Line 6 paid within 30 days after delinquent date; 20% of Line 6 if paid more than 30 days after delinquency date. | |
| 8. Interest: 1/2 of 1% for each month or fraction thereof after delinquent date. | |
| 9. TOTAL TAX, PENALTY, and INTEREST: Line 6 plus Line 7 plus Line 8. | |

I DECLARE UNDER PENALTY OF MAKING A FLASE STATEMENT THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE CORRECT AND TRUE

Signed _____ **Date:** _____

Title: _____