



Finance Division
69-825 Highway 111
Rancho Mirage, CA 92270
(760) 770-3207, Ext. 234

MONTHLY TRANSIENT OCCUPANCY TAX RETURN

Mailing Address:

Reporting Period

[Large empty box for Mailing Address]

[Empty box for Reporting Period]

Date Received

Amount Received

[Empty box for Date Received]

[Empty box for Amount Received]

Instructions:

- EVEN IF THERE IS NO TAX DUE, a monthly tax return must be filed with the City of Rancho Mirage (Tax Collector).
REMITTANCE: checks should be payable to "City of Rancho Mirage." Checks, drafts, postal notes and money orders are accepted by the Tax Collector subject to collection and do not constitute payment until cleared. The Tax Collector assumes no responsibility for loss in transit or delay in deposit.
RECEIPT: The canceled check becomes the receipt. No receipt will be mailed by the Tax Collector unless a demand for same is made at the time of payment.
ALL RECORDS SUBSTANTIATING THE RETURN must be retained by the operator for a period of not less than three years from the date of payment.
CHANGE OF ADDRESS OR OWNERSHIP must be reported immediately to the Tax Collector.
UPON CESSATION OF BUSINESS FOR ANY REASON, returns and payments are due immediately to the Tax Collector.

1) Gross Receipts from Occupancy of Rooms:
2) Gross Receipts from Overnight Parking Charges: (Applies to overnight stays only)
3) Less Allowable Deductions: (see itemized schedule)
a) Permanent Resident (City Code 3.24.020)
b) Credits (authorized by City)
c) Exemptions (City Code 3.24.040)
Total Allowable Deductions (Total of a, b, and c above)
4) Taxable Rents: (Line 1 plus Line 2 minus Line3)
5) Tax Due: (10% of Line 4)
6) Add if applicable:
a) Penalty (15% of the amount of the tax if paid within 30 days after delinquent date*)
b) Interest (1.5% per month (or fraction thereof) in addition to the penalty, on the amount of the tax from delinquent date to date of payment.)
7) TOTAL AMOUNT DUE: (Total of Line 5 and 6a and 6b)

I hereby certify that the statements made herein are true and correct to the best of my knowledge and that applicable information has been provided.

Signature Title Date

Please return the completed ORIGINAL to the City and keep a copy for your records.

