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CITY OF ONTARIO
TRANSIENT OCCUPANCY TAX REPORTING FORM

Business License # _____

Hotel Name _____

Hotel Address _____ Zip _____

Hotel Contact _____
(Name) (Title) (Phone)

Computation of transient occupancy tax from _____ thru _____
(mm/dd/yyyy) (mm/dd/yyyy)

To avoid penalty, payment must be made on or before, the last day of the month following the close of each previous month.

Receipts

1. Total room nights available (multiply number of rooms by number of days in month)…… _____
2. Total room nights rented……..……..…..……..…..…….. _____
3. Total rental receipts (tax excluded)……$ _____

Exemptions (must submit exemption form to qualify)

4. Receipts from non-transients……$ _____
5. Receipts from foreign nationals exempt by treaty……$ _____
6. Adjustment of prior reports for transients who completed 31 consecutive days to qualify as a permanent lodger……$ _____
7. Other adjustments……$ _____
8. Total exemptions (add lines 4 thru 7)……$ _____

Tax

9. Total taxable rents (subtract line 8 from line 3)…… $ _____
10. Transient occupancy tax (multiply line 9 by 11.75%)……..…… $ _____

Penalty and Interest

11. Penalty for late payment. Payment is due on or before the last day of the month following the close of each previous month. If payment is delinquent from 1 to 30 days, enter 0.5% of line 10. If more than 30 days, enter 10% of line 10……..……..……..…… $ _____
12. Interest for late payment in addition to penalty assessment. If payment is delinquent, enter 0.5% of line 10 for each month of delinquent or fraction thereof……..…… $ _____
13. Total penalty and interest (add lines 11 and 12)……$ _____

Payment

14. Total tax due (add lines 10 and 13)……$ _____

Certification

I declare, under penalty of perjury, that the statements and information contained on this form are true and correct to the best of my knowledge and belief.

Operator _____
(Print Name) (Signature) (Date)

Return original transient occupancy tax reporting form including transient occupancy tax exemption form, if applicable, with check or money order payable to the City of Ontario, and mail to:

City of Ontario, Revenue Department
303 East B Street, Ontario, CA 91764
Tel: (909) 395-2022 Fax: (909) 395-2051