

**City of Long Beach**

Account:

Transient Occupancy Tax Computation

Paid through:

**FOR THE MONTH OF**

Prepared:

**Please enter the tax amount paid: \_\_\_\_\_**

Make check or money order payable to:  
City of Long Beach

Telephone: (562) 570-6211

SITE: \_\_\_\_\_

Note: Per Long Beach Municipal Code 3.64.070, all lines must be filled in.

\*\*\*\*\* **Complete form and return, even if zero tax is due** \*\*\*\*\*

**Transient Occupancy Tax Due Date:**

**Add twenty-five percent (25%) penalty to line F if not paid by:**

**A fifty percent (50%) penalty will be added if not paid by:**

- A. Enter total rental receipts. A \_\_\_\_\_
- A-1. Enter rental receipts exempt under L.B.M.C 3.64.040  
(Government Employee Exempt). A-1 \_\_\_\_\_
- A-2. Enter rental receipts for non-transients. A-2 \_\_\_\_\_
- A-3. If applicable, enter rental receipts from prior reports  
for occupants who completed thirty-one (31)  
consecutive days to qualify as a non-transient. A-3 \_\_\_\_\_
- B. Enter total of lines A-1 , A-2 and A-3 and **complete reverse of form.** B \_\_\_\_\_
- C. Total taxable receipts (line A minus line B) C \_\_\_\_\_
- D. Transient Tax Advertising & Promotion Fund, tax due (line C times .06 (6%)). D \_\_\_\_\_
- E. Transient Tax General Purpose Fund, tax due {line C times .07 (7%)}. E \_\_\_\_\_
- F. Current Transient Occupancy Tax due (add lines D and E). F \_\_\_\_\_
- G. Previous account balance or credit. G \_\_\_\_\_
- H. Total Transient Occupancy Tax due (total lines F and G). H \_\_\_\_\_
- I. Check yes if Secondary Operators (LBMC 3.64.010(F)) collected rent this month,  
and **complete section I on reverse of form.** I  Yes  No

I declare under penalty of perjury that the foregoing is true, correct and complete, in compliance with the provisions of the Long Beach Municipal Code.

\_\_\_\_\_  
Signature of Operator or Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
City and State

If the requested information is not provided in its entirety, no exemption will be allowed.

**Section A-1:**

For each exemption claimed for state and federal government employees, list the following:

Unit	Full name of occupant	Occupancy dates (to-from)	Amt. Exempt	Nature of business
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

(Attach a separate sheet if more space is required.)

**Section A-2:**

For each exemption claimed for non-transients, list the following:

Unit	Full name of occupant	Occupancy dates (to-from)	Amt. Exempt
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

(Attach a separate sheet if more space is required.)

**Section A-3:**

For each exemption claimed for tax paid on prior reports for non-transients, list the following:

Unit	Full name of occupant	Occupancy dates (to-from)	Amt. Exempt	Refund Date
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____

(Attach a separate sheet if more space is required.)

**Section I:**

List name, address, and number of occupancy days for each Secondary Operator that collected hotel rent.

Name of Operator	Address	Number of Occupancy Days
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Attach a separate sheet if more space is required.)