

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 below 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 .06 (6%)). 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.)