



# City of Westminster

FINANCE DEPARTMENT  
8200 Westminster Blvd  
Westminster CA 92683  
657-622-0222

## TRANSIENT OCCUPANCY TAX RETURN

### FOR OFFICE USE ONLY

Entered By \_\_\_\_\_

Date \_\_\_\_\_

Date  /  /

### WESTMINSTER MUNICIPAL CODE CHAPTER 5.14

#### Instructions

- FILL IN COMPLETELY, Be sure this form is filled in completely and correctly.
- REMITTANCE, Avoid penalty, be sure proper remittance is enclosed.
- CHECKS, DRAFTS, POSTAL NOTES AND MONEY ORDERS do not constitute payment until cleared. The City of Westminster assumes no responsibility for loss in transit.
- PENALTIES FOR DELINQUENCY, Return is due on the last day of each month and is delinquent after 15 days from close of period. Penalty is 10% of the amount of tax and interest at 1 1/2% per month for each month of delinquency thereafter.
- IF BUSINESS IS DISPOSED OF OR SUSPENDED, closing return must be filed immediately at the City of Westminster Finance Department office and the tax due must be paid. No change of ownership can be recorded until this is done.

#### Tax Computation

Return for the Month of	<input type="text"/>	Business License #	<input type="text"/>	Number of Rooms	<input type="text"/>
-------------------------	----------------------	--------------------	----------------------	-----------------	----------------------

<b>1. GROSS RENTAL RECEIPTS</b>	Receipts for the occupancy of all rooms	\$
<b>2. ADJUSTMENTS</b>	Exemptions and amendments	
<b>3. TAXABLE RENTS</b>	Subtract line 2 from line 1	
<b>4. TAX</b>	8% of Taxable Rents	
<b>5. PENALTY (if payment is late)</b>	10% of Tax	
<b>6. INTEREST</b>	1 1/2% per month for each month of delinquency	
<b>7. TOTAL TRANSIENT TAX DUE</b>	Sum of line 3, line 4, line 5 and line 6	\$

To pay by check, please make payable to **City of Westminster**

To pay by credit card, please fill in the information below:

Name on Card: \_\_\_\_\_

Card #:

Expiration Date: \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

#### Certification

I CERTIFY UNDER PENALTY OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE STATEMENTS HEREIN ARE TRUE AND CORRECT.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_