

# CITY OF WATSONVILLE

## FINANCE DEPARTMENT: REVENUE DIVISION

MAILING: 250 MAIN STREET, WATSONVILLE, CA 95076  
 (831) 768-3452 FAX: (831) 763-4066



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

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

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

- July- September (1<sup>st</sup> Quarter)  
**Due: October 30**
- October – December (2nd Quarter)  
**Due: January 30**
- January – March ( 3<sup>rd</sup> Quarter)  
**Due: April 30**
- April – June (4<sup>th</sup> Quarter)  
**Due: July 30**

Completed return must be submitted with payment and received or postmarked by the due date.

<b>1</b>	Maximum Number of Hotel Rooms (correct if total differs)	<b>1</b>		
<b>2a</b>	Total Occupied Room nights	<b>2a</b>		
<b>2b</b>	Less: rooms occupied or leased for at least 30 days	<b>2b</b>		
<b>2c</b>	Total Room Nights applicable for Tourism Assessment	<b>2c</b>	Line [2a] - Line [2b]	
<b>2d</b>	<b>Tourism Assessment Due (RAS# 5089)</b> Multiply line 2c by tier rate: Tier Rate: Tier 1 (\$1.90), 2 (\$2.40), 3 (\$2.70), 4 (\$3.20)	<b>2d</b>		\$
<b>2e</b>	<b>Total Tourism Assessments Due</b>	<b>2e</b>		\$
<b>3</b>	Gross rent for occupancy of rooms	<b>3</b>		\$
<b>4a</b>	Less: Rent for occupancy of residents staying for at least 30 days	<b>4a</b>	\$	
<b>4b</b>	Less: Rent Covered by Government Agency Exemption Certificates	<b>4b</b>	\$	
<b>4c</b>	Total Allowable Deductions	<b>4c</b>	Line [4a] + Line [4b]	\$
<b>5</b>	Taxable Rents	<b>5</b>	Line [3] – Line [4c]	\$
<b>6</b>	<b>12% Transient Occupancy Tax Due (RAS# 5081)</b>	<b>6</b>	12% of Line [5]	\$
<b>7</b>	<b>Total Tourism Assessment &amp; Transient Occupancy Tax Due (make payable to City of Watsonville)</b>	<b>7</b>	Line [2e] + Line [6]	\$

Complete section below only if return is past due

<b>8a</b>	10% Penalty if postmarked 30 days past due date	<b>8a</b>	10% of Line [7]	\$
<b>8b</b>	10% Penalty if postmarked or received 31 or more days past due	<b>8b</b>	10% of Line [7]	\$
<b>8c</b>	½ % Interest per month or fraction thereof	<b>8c</b>	0.5%/month of Line [7]	\$
<b>8d</b>	Total Penalties & Interest	<b>8d</b>	Lines [8a] + [8b] + [8c]	\$
<b>9</b>	Total Assessment, Transient Occupancy Tax and Penalties & Interest	<b>9</b>	Line [7] + Line [8d]	\$

**I represent, under penalty of perjury, that I am authorized to submit this tax remittance, that all above statements are true, correct and hereby authorize verification of these items.** I acknowledge that this tax remittance is delinquent after 1 calendar month from the close of the quarterly reporting period and that the late penalties of 10% will be assessed on the tax balance due for the first and second monthly delinquency in addition to interest at ½% of the tax due per month, or fraction thereof, from delinquent date.

I further agree to notify the Finance Department immediately of any change of address and that if the business is disposed of or suspended a closing return must be filed immediately at City Hall (250 Main Street) with the applicable taxes due.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_