

**CITY OF FOSTER CITY
TRANSIENT OCCUPANCY TAX RETURN**

Name of Hotel/Motel

Address of Hotel/Motel

City

State

Zip Code

Reporting Period:

From

To

Due Date

1.	Total receipts from room rentals		\$	_____
2.	Room occupied in excess of thirty day transient period	\$	_____	
3.	Rooms occupied by Officers or employees of a foreign government	\$	_____	
4.	Other	\$	_____	
5.	TOTAL EXEMPTIONS (Attach all exemption claims for item# 5)	\$	_____	
6.	Taxable receipts (Line 1 less line 5)		\$	_____
7.	Amount of tax due (9.5% of line 6)		\$	_____
8.	Interest	\$	_____	Penalty \$ _____
	TOTAL (Remit in full)		\$	_____

CERTIFICATION

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature

Title

Date

NOTICE: The tax will be delinquent if not paid on/or before the last day of the month following the close of each calendar month. A penalty of **10%** will be added after delinquency date. Penalty and interest for continued delinquency, please refer to City of Foster City/EMID municipal code section 3.20.080.

Return the form with remittance to:

Financial Services Department, City of Foster City, 610 Foster City Blvd., Foster City, CA 94404

Keep duplicate for your records.

For Questions: Telephone (650) 286-3265 or Email to finance@fostercity.org