

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 (1st Quarter)
Due: October 30
- October – December (2nd Quarter)
Due: January 30
- January – March (3rd Quarter)
Due: April 30
- April – June (4th Quarter)
Due: July 30

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

1	Maximum Number of Hotel Rooms (correct if total differs)	1		
2a	Total Occupied Room nights	2a		
2b	Less: rooms occupied or leased for at least 30 days	2b		
2c	Total Room Nights applicable for Tourism Assessment	2c	Line [2a] - Line [2b]	
2d	Tourism Assessment Due (RAS# 5089) Multiply line 2c by tier rate: Tier Rate: Tier 1 (\$2.10), 2 (\$2.75), 3 (\$3.10), 4 (\$4.00)	2d		\$
2e	Total Tourism Assessments Due	2e		\$
3	Gross rent for occupancy of rooms	3		\$
4a	Less: Rent for occupancy of residents staying for at least 30 days	4a	\$	
4b	Less: Rent Covered by Government Agency Exemption Certificates	4b	\$	
4c	Total Allowable Deductions	4c	Line [4a] + Line [4b]	\$
5	Taxable Rents	5	Line [3] – Line [4c]	\$
6	12% Transient Occupancy Tax Due (RAS# 5081)	6	12% of Line [5]	\$
7	Total Tourism Assessment & Transient Occupancy Tax Due (make payable to City of Watsonville)	7	Line [2e] + Line [6]	\$

Complete section below only if return is past due

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