



# CITY OF MORRO BAY

595 Harbor  
Morro Bay, CA 93442  
(805) 772-6294

## RETURN FOR UNIFORM TRANSIENT OCCUPANCY TAX AND BUSINESS IMPROVEMENT DISTRICT ASSESSMENT

Pursuant to Morro Bay Municipal Code - 3.24 & 3.60

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

Address \_\_\_\_\_

Period from \_\_\_\_\_ thru \_\_\_\_\_

Tax will be delinquent if not paid on or before the final day of the month

1. Total Receipts \$ \_\_\_\_\_

2. Less Exempt < \$ \_\_\_\_\_ >

\*\*\* Please attach copies of Exemption Certificates applicable to this period. \*\*\*

3. Total Taxable Receipts \$ \_\_\_\_\_

4. Transient Occupancy Tax 10% of item 3 \$ \_\_\_\_\_

5. MBTBID Tax 3% of item 3 \$ \_\_\_\_\_

6. \*TMD tax

*Contracts executed prior to July 1, 2020*    *Contracts executed after July 1, 2020*

\*Reservations **paid for** prior to July 1, 2020

1% of item 3                      1.5% of item 3                      =    \$ \_\_\_\_\_  
\$ \_\_\_\_\_                      +                      \$ \_\_\_\_\_

If submitting after the final day of the month, please add:

7. Penalty 10% of item 4 \$ \_\_\_\_\_

8. Interest 1/2% of item 4 \$ \_\_\_\_\_

**TOTAL AMOUNT DUE** \$ \_\_\_\_\_

### Occupancy Rate Calculations

1. Number of Rooms Available to Rent \_\_\_\_\_

2. Number of Days In Month \_\_\_\_\_

3. Total Rooms Available (Multiply Number 1 Times Number 2) \_\_\_\_\_

4. Total Rooms Rented \_\_\_\_\_

5. Occupancy Rate (Divided Number 4 by Number 3) \_\_\_\_\_

**\*Attachments may be included but will not be accepted in lieu of this completed form\***

### Certificate

I hereby certify, I have examined this report and that the statements made, and the figures shown herein and in any accompanying schedules are to the best of my knowledge and belief a true and complete return made in good faith for the period stated, pursuant to the City of Morro Bay Uniform Transient Occupancy Tax Chapter of the Morro Bay Municipal Code.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE DO NOT FAIL TO SIGN THIS FORM**

This tax will be delinquent if not paid on or before 30 days from the due date. A penalty of 10% will be added after the delinquent date. In addition, 1/2% interest will be due for every month that tax is delinquent. If delinquent more than 30 days, an additional penalty of 10% will be added.

For Office Use Only:    Date Paid \_\_\_\_\_    Receipt Number \_\_\_\_\_    Check No. \_\_\_\_\_