



MONTHLY TRANSIENT OCCUPANCY TAX RETURN & VCWTBID REMITTING

FACILITY NAME AND LOCATION

Hotel Name: \_\_\_\_\_
Owner Name: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account No. \_\_\_\_\_
Month Covered \_\_\_\_\_
Due Date \_\_\_\_\_

Instructions are on the reverse side of this Return Form. The Municipal Code regarding Transient Occupancy Tax (Chapter 4.115) can be found on the City's website at http://www.cityofventura.net/cm/municipal-code . For information regarding the collection and remittance of the VCWTBID, call the Business Tax Office at (805) 658-4715.

TRANSIENT OCCUPANCY TAX

No. of Rooms: [ ] Percent of Occupancy [ ]%

Table with 2 columns: Description and Amount. Rows include: TOTAL RENT COLLECTED FOR MONTH, RENT EXEMPT FROM TRANSIENT OCCUPANCY TAX, TAXABLE RENTS, TAX (10% of Line 3), PENALTIES, INTEREST, TOTAL TRANSIENT OCCUPANCY TAX DUE.

VENTURA COUNTY WEST TOURISM BUSINESS IMPROVEMENT DISTRICT (VCWTBID)

Table with 2 columns: Description and Amount. Rows include: RENT NOT SUBJECT TO VCWTBID ASSESSMENT, RENTS SUBJECT TO VCWTBID ASSESSMENT, VOCTBID ASSESSMENT (2% of Line 9), PENALTIES, INTEREST, TOTAL VOCTBID ASSESSMENT DUE, TOTAL DUE.

MAKE CHECKS PAYABLE TO CITY OF VENTURA

I declare that I am duly authorized to make these statements, and that, to the best of my knowledge and belief, the facts stated herein are true, correct and complete and are made in good faith for the period stated, in compliance with the San Buenaventura Municipal Code.

Signature \_\_\_\_\_ Title \_\_\_\_\_
( ) \_\_\_\_\_ Date \_\_\_\_\_
Phone No. \_\_\_\_\_

OFFICE USE ONLY
PMD \_\_\_\_\_ CK# \_\_\_\_\_
CK \$ \_\_\_\_\_

