

TAX RETURN
City of Winters
Transient Occupancy Tax (TOT)

Hotel Name _____

of Total Rooms _____

Address _____

of Room Night Stays _____

Winters, CA 95694

Occupancy Rate % _____

Reporting Period

Quarter Beginning _____ Quarter Ending _____

1. Total Receipts from Room Rentals

\$ _____

Exemptions

2. Rooms Occupied for more than thirty days

\$ _____

3. Rooms Occupied by governmental officials
or employees on official business

\$ _____

4. Total Exemptions (Item 2+ Item 3)

\$ _____

5. Taxable Receipts (Item 1 less Item 4)

\$ _____

6. Amount of **TOT** Tax Due (12% of Item 5)

\$ _____

7. Yolo County Tourism Business Improvement District Fee (2% of item 5)
(Effective July 1, 217)

\$ _____

Total Due

\$ _____

I hereby certify, that 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.

Signed _____

Title _____

Date _____