



**CITY OF ENCINITAS**  
 505 South Vulcan Avenue  
 Encinitas, CA 92024  
 Office (760) 633-2654  
 Fax (760) 633-2879

Qtr End:	Covers:	Due:
Mar 31	Jan, Feb, Mar	Apr 30
Jun 30	Apr, May, Jun	Jul 31
Sep 30	July, Aug, Sep	Oct 31
Dec 31	Oct, Nov, Dec	Jan 31

**SHORT-TERM VACATION RENTAL  
 TRANSIENT OCCUPANCY TAX REPORT**

QUARTER ENDING \_\_\_\_\_ OF 20\_\_\_\_\_

Address of Rental Unit \_\_\_\_\_

**GROSS RENTS COLLECTED:**

<b>1a</b> 1st month of the quarter	\$ _____
<b>1b</b> 2nd month of the quarter	\$ _____
<b>1c</b> 3rd month of the quarter	\$ _____
<b>1d TOTAL GROSS RENTS COLLECTED FOR THE QUARTER</b> (add lines 1a through 1c)	\$ _____
<b>2 Less:</b> Exemption: Occupancy 31 consecutive days or more	\$ _____
<b>3 TAXABLE RENTS</b> (line 1d less line 2)	\$ _____
<b>4 TRANSIENT OCCUPANCY TAX DUE - 10% of line 3</b> (line 3 x 0.10)	\$ _____
<b>5 PENALTY - 10% of line 4</b> (line 4 x 0.10 if not received by the last day of the month following the close of each quarter)	\$ _____
<b>6 ADDITIONAL PENALTY - 10% of line 4</b> (line 4 x 0.10 if not received 30 days following the date on which the remittance first became delinquent)	\$ _____
<b>7 INTEREST - 0.5% (half of one percent) of line 4</b> (line 4 x 0.005 per month from the date the remittance first became delinquent)	\$ _____
<b>8 TOTAL AMOUNT DUE</b> (add lines 4, 5, 6, and 7)	\$ _____

I am the authorized representative of the above business, and I declare that the information provided above is true and correct to the best of my knowledge.

\_\_\_\_\_  
 Name (print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Phone Number

**FOR OFFICE USE ONLY**



**DATE RECEIVED**

Processed by: _____	Date _____
Check Number _____	Amount _____
<b>FSTVR</b>	
Account Number _____	