CITY OF SANTA BARBARA

TRANSIENT OCCUPANCY TAX (TOT) RETURN

SANTA BARBARA SOUTH COAST TOURISM BUSINESS IMPROVEMENT DISTRICT (TBID) ASSESSMENT

FOR OFFICE USE ONLY:

Postmark Date: _____

Amount Paid: _____

TOT Amt: _____ **TBID:** _____

Check #: _____

THIS RETURN IS FOR THE MONTH OF: _____ (Month/Year)

Establishment Name: _____

Street Address: _____ **City, Zip:** _____

City Account Number: _____ AVERAGE OCCPANCY FOR THE MONTH _____ %

Computation of TOT Tax *(if applicable)*

1 Total Rents Received ..... $ _____

2 Allowable Deductions ***(attach appropriate documentation)***

a) Rents from stays of more than 30 Days ..... $ _____

b) Federal Employee or Diplomatic Stays on Official Business ..... $ _____

c) Other *(please explain)* ..... $ _____

TOTAL DEDUCTIONS: $ 0.00

3 Taxable Rental Receipts *(Line 1 - Line 2)* ..... $ 0.00

4 Transient occupany tax due *(12% of Line 3)* ..... $ 0.00

5 Applicable Penalties *(see instructions for details)* ..... $ _____

6 **TOTAL TOT TAXES AND PENALTIES DUE** *(Line 4 + Line 5)* ..... $ 0.00

Computation of TBID Assessment *(if applicable)*

7 Total Occupied Rooms During the Month ..... _____

8 Allowable Exemptions ***(attach appropriate documentation)***

a) Stays of more than 30 Days ..... _____

b) Federal Employee or Diplomatic Stays on Official Business ..... _____

c) Other *(please explain)* ..... _____

TOTAL EXEMPTIONS: 0

9 Net Occupied Rooms *(Line 7 - Line 8)* 0

10 TBID Rate *(per previously determined calculation; choose one)* ..... $ ADR: < $100 = $0.85

11 Assessment Amount *(Line 9 X Line 10)* ..... $ 0.00

12 Applicable Penalties *(see instructions for details)* ..... $ _____

13 **TOTAL TBID ASSESSMENT AND PENALTIES DUE** *(Line 11 + Line 12)* ..... $ 0.00

14 **TOTAL AMOUNT DUE** *(Line 6 + Line 13)* ..... $ 0.00

I certify, under penalty of perjury, that I am the authorized representative of the above establishment and the statement herein is true & correct to the best of my knowledge:

Signature: _____ **Printed Name:** _____ **Date:** _____

Phone: _____ **Email:** _____

PRINT

TRANSIENT OCCUPANCY TAX (TOT)
TOURISM BUSINESS IMPROVEMENT DISTRICT (TBID) RETURN INSTRUCTIONS

If you have questions or need assistance, contact the TOT/TBID staff at (805) 564-5341 or email BusinessLicense@SantaBarbaraCA.gov. Regulations governing the TOT and TBID assessments, including exemption information, are located on the City of Santa Barbara's website:
http://www.santabarbaraca.gov/business/business_license/tot/

Payment is due on or before the tenth day after the close of each month. If the due date falls on a Saturday, Sunday or holiday, the next business day becomes the due date. Postmarks are acceptable, but not imprint dates from postage meters. Taxes and assessments should be remitted only for completed stays. In the event that payments are received in advance for a given stay, taxes and assessments are not due until 10 days after the close of the month in which the occupancy occurred. Make check or money order payable to **City of Santa Barbara** and return to:

Mailing Address

City of Santa Barbara
TOT/TBID Assessment
PO Box 1990
Santa Barbara, CA 93102

Hand Delivery

City Hall- Cashiering
735 Anacapa St.
Santa Barbara, CA 93101

Instructions for filling out form are below:

Street Address must include street number and street name.

City Account Number: Also known as a business license number. All operators must register as a business and return a business license application annually.

AVERAGE OCCUPANCY FOR THE MONTH: The number of rooms that were occupied over night divided by the total number of available rooms, averaged for the month. For example, if, on average, 18 rooms of an available 20 rooms are occupied in a given month, the average occupancy rate would be 90 %.

1. TOTAL RENTS RECEIVED: The total consideration charged to a Transient, as shown on the guest receipt, for the occupancy of a room, or portion thereof, for the current month only. This includes all charges perceived as mandatory, including rent, resort fees, reservation fees, rollaway bed charges, mandatory parking fees, forfeited deposits, cancellation fees, etc. Any charge elected by the guest is not taxable-including items subject to sales tax, valet charges, in-room service charges (such as meals, telephone calls, massages), meeting room charges, etc. Please do not remit TOT or TBID for any rents received for future months. Only include rents for completed stays in the current month.

2. ALLOWABLE DEDUCTIONS: Deductions include rents received for the following purposes: (1) rooms occupied for more than thirty days, starting with the thirty-first day; (2) rooms occupied for more than thirty days with an advanced written contract; (3) conference and meeting rooms not used for sleeping purposes; (4) stays from federal employees on official business paying with an federal agency credit card or purchase order; (5) Diplomatic stays (with the appropriate U.S. Department of State identification card); and (6) stays from employees on official business of certain special organizations granted exemptions from the U.S. Congress, including employees of AMTRAK, the American Red Cross, the U.S. Postal Service, Federal Credit Unions, and insurance companies subject to the California tax on gross premiums. For all deductions, attach appropriate documentation to this return. If guests cannot provide documentation for their deduction during their stay, they can apply for a refund from the City within 90 days after their tax has been paid. Please see our website for more details on allowable deductions.

3. TAXABLE RENTAL RECEIPTS: Total Rents Received less Allowable Exemptions (Line 1 - Line 2)

4. TRANSIENT OCCUPANCY TAX DUE: Twelve percent (12%) of taxable rental receipts (12% X Line 3).

5. APPLICABLE PENALTIES. A penalty of 10% will be added starting the business day after the due date. If delinquent more than 30 days, an additional 10% penalty on the gross amount due, plus interest at the rate of 1/2 of 1% per month will be added.

6. TOTAL TOT TAXES AND PENALTIES DUE. Total taxes plus applicable penalties. (Line 4 plus Line 5)

7. OCCUPIED UNITS. Total nights that an available room/unit was occupied.

8. ALLOWABLE EXEMPTIONS. See Line 2 above.

9. NET OCCUPIED ROOMS. Number of occupied rooms subject to the assessment. (Line 7 - Line 8)

10. TBID RATE. Each year, operators must report the Average Daily Rate (ADR) for their establishment, which determines the rate for the TBID assessment.

$0 to $100:	$0.85 per Occupied Unit
$100 to $150	$1.65 per Occupied Unit
$150 to $200	$2.50 per Occupied Unit
$200 to $250	$3.30 per Occupied Unit
$250 to $300	$3.85 per Occupied Unit
More than $300	$4.40 per Occupied Unit

11. ASSESSMENT AMOUNT. Total assessments due. (Line 9 X Line 10)

12. APPLICABLE PENALTIES. See Line 5 above.

13. TOTAL TBID ASSESSMENT AND PENALTIES DUE. (Line 11 + Line 12)

14. TOTAL AMOUNT DUE. Total TOT and TBID due. (Line 6 + Line 13)