



**Finance  
Department**  
119 Fox Street  
Lemoore, CA 93245  
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## Transient Occupancy Tax Quarterly Return

Business Name: \_\_\_\_\_ Return Form for  
\_\_\_\_\_ period ending \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

1. Total Rent for Occupancy of Rooms: \$ \_\_\_\_\_

### Allowable Deductions

2. Permanent Residents: \$ \_\_\_\_\_  
3. Government Agencies: \$ \_\_\_\_\_  
4. Adjustments: \$ \_\_\_\_\_  
5. Total Deductions (Lines 2+3+4) \$ \_\_\_\_\_

6. Total Taxable Rents: \$ \_\_\_\_\_ (Line 1 minus Line 5)

7. 8% Transient Occupancy Tax for Collection: \$ \_\_\_\_\_ (Line 6 multiplied by \_\_\_\_\_)

8. Penalty \$ \_\_\_\_\_

9. Interest \$ \_\_\_\_\_

Total Amount Due and Payable (Item 7 plus Items 8 and 9) \$ \_\_\_\_\_

Make checks payable to: THE CITY OF LEMOORE

I certify (or declare) under penalty of perjury, the forgoing statements are true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dated