City of
LEMOORE
CALIFORNIA

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)* $ 0.00 _____

6. Total Taxable Rents: $ 0.00 _____   *(Line 1 minus Line 5)*

7. 8% Transient Occupancy Tax for Collection: $ 0.00 _____   *(Line 6 multiplied by* 0.08 *)*

8. Penalty $ _____

9. Interest $ _____

Total Amount Due and Payable *(Item 7 plus Items 8 and 9)* $ 0.00 _____

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

Lemoore Municipal Code Title 3 – Chapter 3 – Article B TRANSIENT OCCUPANCY TAX
Exemptions from Tax per Section 3-3B-4. Penalty and interest will be added if payment is delinquent per Section 3-3B-6 D.

Rev 4-2020