



Request to Close Transient Occupancy Tax Certificate with Special District

Pursuant to the Transient Occupancy Tax Code, Sec 4.16.060 B, the Registration Certificate shall be returned to the Tax Administrator for cancellation whenever an operator to whom a certificate has been issued ceases to act in the capacity of an operator.

Name of Certificate Holder Owner or Agent

Street Address of Rental City, State, Zip Assessor's Parcel Number

Certificate Number Account Number Certificate Holder Email

Is the certificate enclosed? Yes No

** If the certificate is not enclosed, you must provide written verification that a diligent effort to locate the certificate was performed and that it was unsuccessful.*

Tax Return Must Be Filed Even Though No Tax Is Due **Final Reporting Period:** to

1.	Gross Rental Income	
2.	Exempt Amount for rooms occupied more than 30 days. If claiming exemption other than non-transient, include an exemption form.	
3.	Taxable Receipts (Line 1 less Line 2)	
4.	Amount of Tax Due (8% or 10% of Line 3)	
4a.	1% Assessment for Squaw Valley Alpine Meadows Special District (1% times Line 3)	
5.	Penalty (10% or 20% of Line 4 –see code)	
5a.	Penalty on 1% (10% or 20% of Line 4a)	
6.	Interest (1.5% of Line 4 multiplied by number of months late –see code)	
6a.	Interest on 1% (1.5% of Line 4a multiplied by number of months late)	
7.	Total Amount Due (add lines 4, 5, and 6) <input type="checkbox"/> Check Box to pay Total Amount Due from bank account on record	
8.	Are rental receipts under this certificate number ever reported by another individual(s)?	Yes No
9.	Number of rental units/days available during this reporting period -see code	
10.	Number of unit/days occupied during this reporting period –see code	

- Check all that apply:
- We are no longer renting this property for 30 days or less as of _____
 - We are no longer acting as rental management for this property as of _____
 - We have contracted with a rental management company as of _____
Company Name
Phone Number
 - We have sold this property.
Sale date
 - Other _____

I certify that the information provided on this Request to Close Certificate is true and correct and that I will abide by the Transient Occupancy Tax Code. <https://www.placer.ca.gov/1432/About-TOT>

Authorized Signature Date

Printed Name Phone Number

Mailing Address City, State, Zip