



# COUNTY OF PLACER

## 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:	Agent:
Address of Rental:		Certificate Number:	
City, State, Zip:		Account Number:	
Assessor's Parcel Number (APN):		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	\$	Check all that apply:
2	<b>Exempt Amount</b> for rooms occupied more than 30 days. If claiming exemption other than non-transient, include an exemption form.	\$	We are no longer renting this property for 30 days or less as of :
3	<b>Taxable Amount</b> (Line 1 less Line 2)	\$	
4	<b>Amount Of Tax Due (8% or 10% of Line 3)</b>	\$	
5	<b>Additional Assessments:</b> enter the sum of the assessments due for your location in box to the right <b>a. North Lake Tahoe TBID Assessment Due:</b> Zone 1 at 2% \$ _____ <b>b. North Lake Tahoe TBID Assessment Due:</b> Zone 2 at 1% \$ _____ <b>c. Squaw Valley Alpine Meadows Micro Mass Transit District:</b> 1% Assessment \$ _____	\$	We are no longer acting as rental management for this property as of:
6	<b>Total Tax and Assessment Due:</b> add Line 4 and Line 5	\$	We have contracted with a rental management company as of :
7	<b>Penalty:</b> If paid within 30 days after the delinquent date, add 10% of the amount due (Line 6). If paid more than 30 days after the delinquent date, add 20% of the tax due amount (Line 6).	\$	Name of Company:
8	Interest: Add 1.5% per month delinquent of the amount due (Line 6)	\$	Company Phone Number:
9	<b>Total Amount Due:</b> add lines 6, 7, & 8 Check box to authorize payment	\$	We have sold this property Sale date:
10	<b>Are rental receipts under this certificate number ever reported by another individual(s)?</b> Yes      No		Other:
11	<b>Number of Rental/Unit Days Available</b> during This reporting period. <i>See code</i>		
12	<b>Number of Units/Days Occupied</b> during this reporting period. <i>See code</i>		

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>

<p><b>COUNTY OF PLACER</b>  <b>REVENUE SERVICES</b>  <b>10810 Justice Center Dr. Suite 100</b>  <b>Roseville, CA 95678</b>  <b>Fax: (916) 543-3910</b>  <b>Phone: (916) 543-3950</b>  <b>Email: <a href="mailto:tot@placer.ca.gov">tot@placer.ca.gov</a></b></p> <p>Revised 10/2021</p>	Authorized Signature:
	Print Name:
	Date:
	Mailing Address:
	City, State, Zip:
	Phone Number: