



# County of Placer Transient Occupancy Tax Worksheet With Special District

**EVEN IF THERE IS NO TAX DUE, A WORKSHEET MUST BE FILED EACH REPORTING PERIOD**

The TRANSIENT OCCUPANCY TAX CODE is available at [www.placer.ca.gov/1432/About-TOT1432](http://www.placer.ca.gov/1432/About-TOT1432)

**Remittance:** Checks, cashier's check and money orders accepted by Revenue Services are subject to collection and do not constitute payment until cleared. To report and remit online, visit [placer-ca-str.deckard.com](http://placer-ca-str.deckard.com)

**In-house check processing is available with a "Debit Authorization Form" and a voided check.** There is no fee for using the debit authorization service. The authorization form can be found at [www.placer.ca.gov/1464/TOT-Forms](http://www.placer.ca.gov/1464/TOT-Forms). Go to the "Forms and Resources" link located at the bottom of the page.

\* = Required Field

\*Certificate Number: \_\_\_\_\_ Account # (if known): \_\_\_\_\_ \*Reporting Period: \_\_\_\_\_

*1	<b>GROSS RENTAL INCOME:</b> Enter the <b>total</b> amount of rental income collected in this reporting period.	\$
*2	<b>EXEMPT AMOUNT:</b> If any units are occupied more than 30 consecutive days, the gross rent collected for these units is to be entered here. If claiming an exemption other than a non-transient status, please include an exemption form for each qualifying type.	\$
*3	<b>TAXABLE AMOUNT:</b> Subtract the amount of <b>line 2</b> from the amount of <b>line 1</b> and enter the total here.	\$
*4	<b>Amount Of Tax Due:</b> This is the taxable amount (Line 3) times your tax rate. Choose the appropriate tax rate for your property (10% or 8%). Find your tax rate at <a href="http://placer.ca.gov/1463/TOT-Tax-Rate">placer.ca.gov/1463/TOT-Tax-Rate</a> .	% \$
*5	<b>Additional Assessment: Check the box. Determine your Additional Assessment at <a href="http://placer.ca.gov/1463/TOT-Tax-Rate">placer.ca.gov/1463/TOT-Tax-Rate</a></b> <input type="checkbox"/> <b>a. Zone 1 North Lake Tahoe TBID Assessment Due: 2% of Line 3: \$ _____</b> <input type="checkbox"/> <b>b. Zone 2 North Lake Tahoe TBID Assessment Due: 1% of Line 3: \$ _____</b> <input type="checkbox"/> <b>c. Olympic Valley Alpine Meadows Micro Mass Transit District Assessment: 1.5% of Line 3: \$ _____</b>	\$
*6	<b>Total Tax and Assessment Due:</b> add Line 4 and Line 5.	\$
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 amount due (Line 6).	\$
8	<b>Interest:</b> Add 1.5% per month delinquent of the amount due (Line 6).	\$
*9	<b>Total Amount Due:</b> <input type="checkbox"/> Check box to authorize Revenue Services to use banking information on file. Enter last four digit of bank account number: _____	\$
10	<b>Is this property ever rented by a management company? If yes, please check box and enter the management company name:</b>	<input type="checkbox"/>
*11	<b>Number of Rental/Unit Days Available During This Period:</b> This number is derived by multiplying the number of units available for rent times the number of days in the reporting period.	
*12	<b>Number of Units/Days Occupied:</b> This number is derived by multiplying the number of units occupied each day times the number of days occupied. When an occupancy unit is rented more than one time a day, then the actual number of times is to be recorded and counted as a separate occupancy.	

By signing this worksheet, or sending my electronic signature, I certify under penalty of perjury that it is an accurate return and that I am authorized to complete this worksheet.

SEND COMPLETED WORKSHEET  
AND REMIT PAYMENT TO:

**COUNTY OF PLACER  
REVENUE SERVICES  
10810 Justice Center Dr. Suite 100  
Roseville, CA 95678  
Fax: (916) 543-3910  
Phone: (916) 543-3950  
Email: [TOT@placer.ca.gov](mailto:TOT@placer.ca.gov)**

**KEEP A COPY FOR YOUR RECORDS**

\*Signed: \_\_\_\_\_

\*Print Name: \_\_\_\_\_

\*Title: (check one)  Owner  Partner  Agent  Trustee

\*Date: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**CHECK IF NEW MAILING ADDRESS**

Email Address: \_\_\_\_\_