

Mail to:  
Tax Administrator

**City of Dublin**  
100 Civic Plaza  
Dublin, CA 94568



Reporting Period  
Month Ending: \_\_\_\_\_

Due on\*: \_\_\_\_\_  
(\*Last day of Month following Reporting Period.)

Date Form Prepared: \_\_\_\_\_  
(\*\*Date used to calculate any interest or penalties owed, see part 8 below)

No. of Rooms: \_\_\_\_\_ Percent of Occupancy: \_\_\_\_\_

CHANGE OF OWNERSHIP must be filed and reported immediately to the Tax Administrator.

IF THIS IS A FINAL RETURN, check here: \_\_\_\_\_

1. Total receipts for the month from room rentals (excluding tax) \_\_\_\_\_

**AUTHORIZED EXEMPTIONS (3.16.040 DMC)**

2. Receipts from rooms occupied more than thirty days \_\_\_\_\_

3. Total amount from Other Exemptions \_\_\_\_\_

4. TOTAL EXEMPTIONS (Line 2 plus line 3) - Attach Documentation \_\_\_\_\_ \$0

5. Taxable Receipts (line 1 minus line 4) \_\_\_\_\_ \$0

6. Adjustment (+/-) from: \_\_\_\_\_ (Month/Yr) \_\_\_\_\_

7. Adjusted Taxable Receipts (line 5 plus line 6) \_\_\_\_\_ \$0

8. Total amount of Tax Due (8% of line 7) \_\_\_\_\_ \$0

9. Interest \_\_\_\_\_ \$0 Penalty \_\_\_\_\_ \$0 (See Notice below) \_\_\_\_\_ \$0

10. TOTAL (line 8 plus line 9) - Remit in full) \_\_\_\_\_ \$0

**\*\*\*\*\* NOTICE \*\*\*\*\***

The Tax Administrator has determined that each operator shall report and submit tax payments on a monthly basis. The tax will be delinquent if not paid on or before the last day of the month following the reporting period. If delinquent, a penalty of 10% of the amount of the tax will be added in addition to the tax. Any operator who fails to remit any delinquent remittance on or before a period of thirty (30) days following the date on which the remittance first became delinquent shall pay a second delinquency penalty of 10% of the amount of the tax, in addition to the amount of the tax, and the 10% penalty first imposed. In addition to the penalties imposed, any operator who fails to remit any tax shall pay interest at the rate of one-half of 1% per month or fraction thereof on the amount of the tax, exclusive of penalties, from the date on which the remittance first became delinquent until paid.

**\*\*\*\*\* CERTIFICATION \*\*\*\*\***

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

Name of Hotel, Motel, etc. \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Owner, Partner, Agent or Officer if Corporation, Trustee, etc.

\_\_\_\_\_  
Printed Name Date: \_\_\_\_\_

**EVEN IF THERE IS NO TAX DUE, A RETURN MUST BE FILED WITH THE TAX ADMINISTRATOR.**