



**CITY OF DIXON  
TRANSIENT OCCUPANCY HOTEL-MOTEL TAX**

NAME OF BUSINESS \_\_\_\_\_ NO. OF ROOMS \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

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1. Total Receipts from Room Rentals	\$ _____
2. EXEMPTION- Rooms occupied more than 30 days.	\$ _____
3. Taxable Receipts (Item 1 less Item 2)	\$ _____
4. Amount of Tax Due (9% of Item 3)	\$ _____
5. Delinquent Penalty (10% of Amount of Item 4)	\$ _____
6. Total Due	\$ _____

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**NOTICE: Each Operator shall, on or before the last day of the month following the close of each calendar quarter, make a return to the Finance Director, on forms provided by the Finance Director, reporting the total rents charged and received and the amount of the tax collected for transient occupancies. Failure to do so is in violation of Section 424 of the Penal Code of the State of California.**

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I hereby declare under penalty of perjury, that to the best of my knowledge and belief, the statements herein are true and correct.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
TITLE \_\_\_\_\_