



CITY OF SAUSALITO

Transient Occupancy Tax (TOT) Return Form

Every person providing transient lodging for remuneration in the City of Sausalito must collect a tax of fourteen (14%) percent on the rent paid unless that rent qualifies for exclusion or exemption. All allowable exclusions and exemptions must accompany this return form. This tax is due and payable to the City, on or before the twentieth day of the month following the close of the reporting period. For failure to pay the amount prior to the due date, the lodging provider is subject to paying a penalty and interest on the tax due. The initial penalty is five percent (5%), if payment is delinquent within the first month following the due date; and an additional five percent (5%) for each consecutive month that payment is delinquent until a maximum of 25% has been reached. The interest rate is one percent (1%) per month or fraction thereof compounded for each month until the date of remittance or payment. *Change of ownership, suspension, or disposal of business must be reported to us immediately.*

FILE ONLINE AT: <https://Sausalito.hdlgov.com/Home/index/TOT> ACCOUNT NO: PIN:

Lodging Establishment Name and Address _____
Reporting Period (MM / YYYY) _____
Number of Rooms Rented During the Period _____
Number of Rooms Available During the Period _____

This return is subject to audit:

1. Gross Rent Paid for Lodging..... 1. \$ _____

Allowable Exemptions

2. Rent for Long-Term Occupancy (one who occupies or has right of occupancy for more than 30 consecutive days) *..... 2. \$ _____

3. Government Agencies..... 3. \$ _____

4. TOTAL EXEMPTIONS (Add Lines 2 and 3. Documentation must be attached)..... 4. \$ _____

5. Net Taxable Rent: (Line 1 minus Line 4)..... 5. \$ _____

6. Transient Occupancy Tax (14% or 0.14 x Line 5)..... 6. \$ _____

7. Penalty (Line 6 x 5% or 0.05, for each month, maximum 25%)..... 7. \$ _____

8. Interest (Line 6 x 1% or 0.01, for each month or fraction thereof)..... 8. \$ _____

TOTAL AMOUNT DUE (Add Line 6 through Line 8) TOTAL \$ _____

I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge.

Signature _____

Date _____

Print Name _____

Title _____

Please make check payable to: **City of Sausalito**
Mail to: **City of Sausalito TOT Processing Center**
8839 N Cedar Ave #212 · Fresno, CA 93720
Need assistance? Email SausalitoTOT@hdlgov.com or call (415) 762-0576.

*Term Exclusion: For stays of more than thirty (30) continuous days or 30 consecutive days stay. The tax must be collected and remitted for days one (1) through thirty (30) in the absence of a prior written agreement renting for longer than thirty (30) continuous days.