



**CITY OF SUNNYVALE  
TRANSIENT OCCUPANCY TAX RETURN**

Month Ending: \_\_\_\_\_ Payment Due By: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

Hotel Name: \_\_\_\_\_ Hotel Address: \_\_\_\_\_

STATISTICAL INFORMATION: # of rooms at this site \_\_\_\_\_ Average Room Rate: \_\_\_\_\_ Average Occupancy Rate: \_\_\_\_\_

Has there been a change of ownership since last monthly report? \_\_\_Yes \_\_\_No

1. Gross revenue from rent: \$ \_\_\_\_\_

2. Exemptions and adjustments:

A. Less: Occupancies exceeding 30 consecutive calendar days.  
(Please see line 2A on reverse side for instructions.) \$ \_\_\_\_\_

B. Less: Federal or State of California officer or employee.  
(Please see line 2B on reverse side for instructions.) \$ \_\_\_\_\_

C. Less: Officer or employee of a foreign government who is exempt  
by reason of express provisions of federal law or international  
treaty. (Please see line 2C on reverse side for instructions.) \$ \_\_\_\_\_

D. Prior period adjustments: Attach letter of explanation.  
(Please see line 2D on reverse side for instructions.) \$ \_\_\_\_\_

E. Complimentary rooms exceeding 1% of occupied rooms \$ \_\_\_\_\_

F. Total Exemptions and Adjustments (sum of lines 2A through 2E): \$ \_\_\_\_\_

3. Taxable rents (line 1 plus/minus line 2F): \$ \_\_\_\_\_

4. Tax amount (line 3 multiplied by the Transient Occupancy Tax Rate of 10.5%): \$ \_\_\_\_\_

5. Add: penalties and interest if remittance is delinquent:  
(Please see line 5 on reverse side for additional information.)

A. First 30 days delinquent (amount on line 4 times 10%): \$ \_\_\_\_\_

B. Second 30 days delinquent (amount on line 4 times 10%): \$ \_\_\_\_\_

C. Interest – One percent per month (or fraction thereof)  
on the amount of the tax: \$ \_\_\_\_\_

D. Total Penalties and Interest (Sum of lines 5A through 5C): \$ \_\_\_\_\_

6. **TOTAL AMOUNT DUE (ADD LINE 4 PLUS LINE 5D):** \$ \_\_\_\_\_

**Mandatory Information:**

**Make checks payable to City of Sunnyvale and mail return to:**

Name of Person Preparing Return: \_\_\_\_\_  
Name of Management Company (if any): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State & Zip Code: \_\_\_\_\_

City of Sunnyvale Finance Department  
P.O. Box 3707  
Sunnyvale, CA 94088-3707  
(408) 730-7656

**I declare under penalty of perjury that this information is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature Title Date Phone