



**City of Selma**  
 Finance Department  
 1710 Tucker Street, Selma CA 93662

OFFICE USE ONLY	
Date Paid	_____
Tax	_____
Penalty	_____
Interest	_____
Total Paid	_____

## TRANSIENT OCCUPANCY TAX RETURN

Business Name	_____
Business Address	_____
	_____

Please complete this form and remit with your payment to the City of Selma Finance Department before the due date for the period being paid. Penalties will be applied to payments received after due date.

**PLEASE MARK PERIOD REPORT IS FOR**

1st Quarter	January - March	<input type="checkbox"/>	Payment due by April 30	Delinquent on May 1
2nd Quarter	April - June	<input type="checkbox"/>	Payment due by July 31	Delinquent on August 1
3rd Quarter	July - September	<input type="checkbox"/>	Payment due by October 31	Delinquent on November 1st
4th Quarter	October - December	<input type="checkbox"/>	Payment due by January 31	Delinquent on February 1

1	Gross rent for occupancy of rooms for quarter	\$ _____
<b>Less Allowance Deductions</b>		
2	Rent for occupancy by permanent residents (one who occupies or has right of occupancy at least 30 consecutive days)	\$ _____
3	Rent for occupancy where charge is less than \$2.00 per day	\$ _____
4	Rent covered by Govt. Agency Exemption Certificates	\$ _____
5	<b>Total Allowable Deductions</b> (line 2 plus line 3 plus line 4)	\$ _____
6	<b>Taxable Rents</b> (line 1 minus line 5)	\$ _____
7	Tax: 6% of Line 6	\$ _____
8	<b>Penalties &amp; Interest:</b> 10.5% of line 7 for 1st of month after delinquent date	\$ _____
	Additional penalties & interest: plus 10.5% for each additional month or fractions thereof	\$ _____
9	<b>Total Tax, Penalty &amp; Interest</b> (Line 7 plus Line 8)	\$ _____

I declare under penalty of perjury that the foregoing is true and correct.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

RETURN FORM WITH PAYMENT - MAKE CHECKS PAYABLE TO "CITY OF SELMA"