



**CITY OF CORONA
Transient Occupancy Tax
Tax Return**

FOR THE MONTH OF: _____

DUE DATE: _____

Hotel Information:

Name: _____

Addr: _____

Certificate #: _____

Please complete the information below:

- 1. Total Hotel Rent Charges: \$ _____
- 2. Less Exempt Hotel Rent Charges: \$ _____
(Must equal Total on Exemption Claim Summary Form)
- 3. **Net Taxable Hotel Rent Charges:** \$ _____
- 4. Transient Occupancy Tax (10% of line 3): \$ _____
- 5. Delinquent Penalties, if applicable: \$ _____
- 6. Interest, if applicable: \$ _____
- 7. Prior adjustments (Please attach documentation) \$ _____
- 8. **Total Amount Due City** (lines 4 through 7): \$ _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING INFORMATION MADE HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

(Signature)

(Date)

(Title)

(Telephone Number)

PLEASE MAKE COPIES FOR YOUR RECORDS AND RETURN ALL ORIGINAL FORMS WITH PAYMENT ON OR BEFORE EACH DUE DATE. THANK YOU.

Make checks payable to: City of Corona

City of Corona
Finance Department/Business Tax
400 South Vicentia Avenue, Suite 120
P O Box 940
Corona, CA 92878-0940
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