



City of Pismo Beach, 760 Mattie Road, Pismo Beach, CA 93449
 Phone: 805-773-4655, Fax: 805-773-7065

TOT, LBID, & TMD FORM – for paying TRANSIENT OCCUPANCY TAX AND LBID ASSESSMENT, and TOURISM MARKETING DISTRICT ASSESSMENT

Based on California State Government Code, and City of Pismo Beach Municipal Code, Chapters 3.20 and 3.26.

TOT, LBID, & TMD Return for Rentals in the Month of: _____, 20_____.

NOTE: "Rent" includes ALL consideration charged, whether or not received, for the occupancy of space in a hotel – including room rate, non-optional fees, and utility surcharges.

1. **Total Rent Receipts** from room / space rentals: \$ _____

2. **EXEMPTIONS – Note: Signed Exemption Form is Required**

2A. Rental Receipts for rooms / spaces occupied more than thirty consecutive days by the same person. \$ _____

2B. Rental Receipts for occupancies by any federal officer or employee when on official business, or any officer or employee of a foreign government who is exempt by federal law or international treaty \$ _____

2C. **TOTAL EXCLUSIONS AND EXEMPTIONS** (Sum of Items 2A and 2B, above) \$ _____

3. **AMOUNT OF RENT SUBJECT TO TOT TAX, LBID, & TMD ASSESSMENT**(Item 1 minus Item 2C) \$ _____

4. **TOT TAX DUE** (10% of Item 3): \$ _____

5. **LBID ASSESSMENT DUE** (1% of Item 3): \$ _____

6. **TMD ASSESSMENT DUE** (1% of Item 3): \$ _____

7. **TOTAL TOT, LBID, & TMD ASSESSMENT DUE** (Sum of Items 4,5 and 6): \$ _____

8. **PENALTIES & INTEREST:**

8A. Delinquent Filing Penalty: \$200.00 if late filing \$ _____

8B. Delinquent Payment Penalty: 10% (1ST Month late) _____

8C. Additional Payment Penalty: 10% (2ND Month late) _____

8D. Interest @ ½% per full Month or partial Month late _____

8E. **TOTAL PENALTIES & INTEREST** (Sum 7A to 7D) \$ _____

9. **TOTAL TO BE PAID** (Sum of Items 7 and 8E) \$ _____

Deliver of Mail – with payment –
 this TOT, LBID & TMD form, completed and signed
 and all Original signed Exemption Forms

To: City of Pismo Beach
 Administrative Services Department
 760 Mattie Road
 Pismo Beach, CA 93449

RETAIN COPIES OF ALL FORMS SUBMITTED

1.A. Total Rental Unit at Property _____
 1.B. Total Rental Unit-Night Rented _____ *

* **Notes/Instructions:**

- For **Hotels and Motels**, please indicate the total number of **room-nights** rented during the month.
- For **RV Parks**, please indicate the total number of **space-nights** rented during the month.
- For **Vacation Rentals**, please indicate the total number of **unit-nights** rented during the month.
- Do include all Exclusion and Exemption rentals, but do **not** include "complimentary" room-nights.

**PAY IN TIME TO AVOID PENALTIES
 PLEASE NOTE**

- A. "Due Date": This TOT, LBID, & TMD return form and payment are due on or before the last day of month after report period.
- B. Attach all original signed exemption forms for all exemptions claimed. No signed form – exemption not valid.
- C. Make check payable to: City of Pismo Beach
- D. Pay in time to avoid penalties. TOT/LBID/TMD returns that are received at City Hall later than due date will be considered delinquent or late.
- E. Return must be received at City Hall (with or without payment) by due date to avoid \$200 late filing penalty.
- F. Late payment penalty of 10% of TOT Tax, LBID, & TMD Assessments due, plus interest of ½% per month, or fraction thereof, will be added after delinquent date, and an additional penalty of 10% will be added if late more than thirty days.
- G. If the business is disposed of or suspended, a closing return must be filed immediately at the City of Pismo Beach, and the tax and LBID& TMD Assessment due must be paid. Change of ownership cannot be recorded until this is done.
- H. Change of address must be reported immediately to the City of Pismo Beach Finance Division.

For further details, see Pismo Beach Municipal Code Chapters 3.20 and 3.26

I HEREBY CERTIFY: That I have examined this report, and that the statements made and the figures shown herein and in any attached documents are to the best of my knowledge and belief a true and complete return, made good faith for the period stated above.

Signature: _____

Name: _____

Title: _____

Manager, Owner, Agent or Officer of Corporation