



City of Gilroy

Quarterly Transient Occupancy Tax and Assessment

Instructions:

1. Complete this form and return original with your payment to the Finance Department, City of Gilroy.
2. Make check payable to City of Gilroy.
3. Tax and assessment shall be due and payable quarterly on or before the last day of the calendar month following the close of the quarter.
4. Add applicable penalties and interest if delinquent.

Mailing Address:

Business Name: _____

Tax ID (Last 4):

XXX-XX-

Current Date:

Total Rooms:

Average Occupancy Rate:

Average Room Rate:

Period

- | | |
|--|---|
| <input type="checkbox"/> January – March | <input type="checkbox"/> July – September |
| <input type="checkbox"/> April – June | <input type="checkbox"/> October – December |

Location of Lodging Establishment: _____		
1	Gross Rent for Occupancy of Rooms or Space	\$ _____
2	Over 30 days Occupancy Exemptions	(\$ _____)
3	Foreign and Federal Government Exemptions	(\$ _____)
4	Total Allowable Deductions: (Add 2+3)	(\$ _____)
5	Taxable Rents (Add 1+4)	\$ _____
6	Tax: 9% of Line 5	(2102) \$ _____
7	Gilroy Tourism Assessment: 2% of Line 5	(2002) \$ _____
8	Tax and Assessment combined (6+7)	\$ _____
9	Penalty and Interest: A. 10% of Line 8 First Month after Delinquency B. 20% of Line 8 Second Month after Delinquency C. 1.5% Per Month Thereafter	\$ _____
10	Total Amount Due City for Period: Line 8 Plus line 9	\$ _____

I declare under penalty of perjury, that to the best of my knowledge and belief, the statements made herein are true and correct.

Name Title Date

Signature Contact Phone Number

Please attach the Quarterly Exemption Summary form and the Individual Exemption form if exemptions are being claimed. Return the forms with your check payable to City of Gilroy, Finance Department, 7351 Rosanna Street, Gilroy, CA 95020-6197. Retain a copy for your records.