City of Oroville, CA c/o Avenu
Attn: Transient Occupancy Tax
373 E Shaw Avenue Box 367
Fresno, CA 93710

Transient Occupancy Tax
City of Oroville, CA (9976)

ONLINE FILING AVAILABLE
www.hoteltaxonline.com
ACH Debit and Credit Cards Accepted

Business Name
Business Address
City, State Zip

Email: supportmuni@avenuinsights.com
Website: www.avenuinsights.com
Online Filing: www.hoteltaxonline.com
Phone: (866) 240-3665

Total Amount Remitted with This Return:

$_____

MAKE CHECK PAYABLE TO: TAX TRUST ACCOUNT
Do not staple or tape payment to your return. Do not send cash.
Remit to: Transient Occupancy Tax Dept. 373 E Shaw Avenue Box 367, Fresno, CA 93710

Account #:

Filing Period: (If you are filing for more than one filing period, please complete a separate return for each filing period.)
Returns must be postmarked on or before the due date for the applicable filing period to avoid additional penalties and/or interest.

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December YEAR: 20 ____

Due Date: Must be postmarked on or before the last day of the month for the preceding month's taxes to be considered timely filed.
(Example: December's taxes are due on or before January 31st)

1. Actual Room Nights Rented: _____ *(Internal Code 9775-31-81)*

2. Gross Room Receipts Before Exemptions: **$**_____

3. Minus Exemptions:
   (a) Receipts from Non-Transients over 61 days: $_____
   (b) Receipts from Non-Transients over 31 days: $_____

4. TOT Tax Assessment (calculate 9% of line 2 less 3A): **$**_____ *(Internal Code 9775-30-11)*

5. BCTBID Assessment (calculate 2.5% of line 2 less 3B): **$**_____ *(Internal Code 9775-9-11)*

6. Equals Tax Due: **$**_____

7. Penalty and Interest on delinquent payment
   (a) 10% of Line 6, after the 1st day following the delinquency date: 7a.$_____
   (b) Additional 10% of Line 6, for the second month following the delinquency date: 7b.$_____
   (c) 1% of interest per month, for the 1st two months of line 6: 7c.$_____
   (d) 1% of interest per month, for amounts over 60 days, or a fraction thereof the amount of Line 6: 7d.$_____

8. Equals Total Net Amount Due: $_____

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Taxpayer's/Paid Preparer's Signature | Date Signed | Telephone | Fax

Printed Name | Email | FEIN