

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.hottaxonline.com

ACH Debit and Credit Cards Accepted

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

Business Name
Business Address
City, State Zip

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	

DISCLAIMER: Please note that the administration and rate changes on the Avenu Advisory and Avenu tax forms are updated once the required information has been received, verified and validated in compliance with Avenu policy. Any information received before or after the publication of a Avenu Advisory or tax form will not be guaranteed to appear on said forms until all such requirements have been met. Avenu is not responsible for incorrect information and/or improper use of the information provided. All updates are completed on a timely basis once the requirements have been met. For the most current Avenu administration and/or rate information provided, please visit our website at www.avenuinsights.com. Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.
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