



**CITY OF HERCULES
TRANSIENT OCCUPANCY TAX REMITTANCE FORM**

Business Name: _____

Business Address: _____

Business Phone No.: _____ **Business Tax ID:** _____

Reporting Period (please select the reporting month or quarter): Year

Monthly: Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
Quarterly: Jan-Mar Apr-Jun Jul-Sep Oct-Dec

1.	Gross rent for occupancy of rooms	\$ _____
2.	Exemptions and adjustments	
3.	a. Exemptions *	\$ _____
4.	b. Previous period adjustments **	\$ _____
5.	Total exemptions and adjustments (add lines 3 and 4)	\$ _____
6.	Taxable rent (subtract line 5 from line 1)	\$ _____
7.	Tax (10% of the amount on line 6)	\$ _____
8.	Penalties/Interest ***	\$ _____
9.	Total due (add lines 7 and 8)	\$ _____

* Please provide supporting documents for any exemption claims along with this form.
** Prior to claiming any adjustment(s) on this line, you must have submitted previously a Transient Occupancy Tax Claim form and satisfied the requirements of Title 8, Chapter 7 of the Hercules Municipal Code. No adjustments will be made without the prior approval of the City's Tax Administrator.
*** A 10% penalty may apply if payment is not received by the City within the month that follows the month in which you receive the rents. A second delinquency penalty of 10% may apply if delinquent payment is not received within thirty days following the date on which the remittance first became delinquent.

Make check payable to: CITY OF HERCULES	Mail to: CITY OF HERCULES ATTN: FINANCE DEPARTMENT 111 CIVIC DRIVE, HERCULES, CA 94547
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I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Date: _____ **Signature:** _____

Phone: _____ **Print name and title:** _____