

**CITY OF LAKEPORT TRANSIENT OCCUPANCY TAX RETURN**  
**Pursuant to Chapter 3.20 of the City of Lakeport Municipal Code**  
**(DUE DATE: the last day of the month following the close of each calendar quarter)**

NAME OF HOTEL, MOTEL, ETC. \_\_\_\_\_

Address \_\_\_\_\_

Number of rooms \_\_\_\_\_ Number of RV spaces \_\_\_\_\_ Number of Campsites \_\_\_\_\_

Reporting Period: Quarter Ending \_\_\_\_\_  
(If no tax is due, a report must still be filed.)

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1. Gross Rent for Occupancy of Rooms	\$ _____
Less Allowable Deductions:	
2. Rent for Occupancy by Permanent Residents	\$ _____
3. Federal, State, Local Government or other deductions	\$ _____
4. Total Deductions	\$ _____
5. Taxable Rents: Line 1 minus line 4	\$ _____
6. Tax: 10% of Line 5	\$ _____
7. Adjustment of prior reports for transients who complete 31 consecutive days to qualify as permanent lodger.	
\$ _____ X 10%	\$ _____
8. Net Tax: Line 6 minus Line 7	\$ _____
9. Penalties: 10% of Line 8 if paid within 30 days after delinquent date, 20% of Line 8 if paid more than 30 days after delinquent date, plus interest of ½% per month.	\$ _____
10 Total Tax and Penalty	\$ _____

**(DUE DATE: the last day of the month following the close of each calendar quarter)**

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I declare under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are true and correct.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_

Please make check or money order payable to the City of Lakeport and mail to:

City of Lakeport – Transient Occupancy Tax  
225 Park Street  
Lakeport, CA 95453

**EVEN IF NO TAX IS DUE, A RETURN MUST BE FILED FOR EACH REPORTING PERIOD.  
CHANGE OF OWNERSHIP, SUSPENSION, OR DISPOSAL OF BUSINESS,  
MUST BE REPORTED IMMEDIATELY TO THE CITY OF LAKEPORT.**