



COUNTY OF SAN BERNARDINO

AUDITOR-CONTROLLER/TREASURER/TAX COLLECTOR

UNIFORM TRANSIENT OCCUPANCY TAX (TOT)
QUARTERLY TAX RETURN(Pursuant to County Code §14.0203)

Name: _____

CERT _____

Address: _____

DUE BY _____

_____ QUARTER 20__

Table with 8 rows for tax calculations: 1. Total Receipts From Room Rentals, 2. Exemptions/Exclusions, 3. Taxable Rents, 4. Tax Payable, 5. Penalty for Late Payment, 6. Interest, 7. Credit or Charge from Previous Return, 8. Total Payment.

I declare under penalty of perjury that the foregoing information and tax calculations are true to the best of my knowledge.

Prepared By: _____ Title: _____

Signature: _____ Date: _____

Phone: _____

- For more T.O.T. forms and information, visit www.mytaxcollector.com
- Questions & Comments to: 909-387-8308 or SBCTOT@atc.sbcounty.gov
- Please make checks payable to : SBC Tax Collector
- Mail to : SBC Tax Collector, TOT, 268 W Hospitality Ln First Floor., San Bernardino, CA 92415