



CITY OF SIGNAL HILL TRANSIENT OCCUPANCY TAX RETURN

You are required to complete this return and pay the tax pursuant to City of Signal Hill Municipal code 3.16.010.

Hotel/Motel Name: _____

Hotel/Motel Address: _____

Phone Number: _____

Business License Number: _____

Email Address _____

Reporting Period:

Month: _____ Year: _____

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- | | | |
|----|------------------------------------|----------|
| A. | Gross Rent for Room Occupancy: | \$ _____ |
| B. | Tax: 9% | \$ _____ |
| C. | Interest & Penalties 1% of line B: | \$ _____ |
| D. | Total Due: | \$ _____ |

I declare the information above is true and correct to the best of my knowledge.

Signature _____ Date _____

Title _____ Telephone _____

Tax is due on or before the last day of the month after month ending date. If paid after due date, add interest and penalties.

Make your check payable to "City of Signal Hill" and mail this return to:

City of Signal Hill
2175 Cherry Avenue
Signal Hill, CA 90755
Attn: Finance Department