



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

**TRANSIENT OCCUPANCY TAX
MONTHLY COMPUTATION FORM**

For the Reporting Month: _____

Board of Supervisors

HILDA L. SOLIS
First District

HOLLY J. MITCHELL
Second District

LINDSEY P. HORVATH
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

ELIZABETH BUENROSTRO GINSBERG
TREASURER AND TAX COLLECTOR

Owner Name: _____ **Account Number: 000** _____
 Attention: _____ DBA Name: _____
 Street Address: _____ Address: _____
 City, State Zip Code: _____ City: _____

Your payment must be postmarked by and is due the last day of the month following the reporting period. Please write your Account Number on your check to ensure your account is properly credited. If you have any questions regarding this form, please call (213) 893-7984 Monday-Friday 8am to 4pm PT or e-mail us at tot@tfc.lacounty.gov.

Fill in the information below to compute the tax amount due.

1.	Total Rent Charged for Occupancy of Rooms (excluding TOT)	\$																									
2.	<table border="1"> <tr> <td colspan="2">Allowable deductions</td> <td>\$</td> </tr> <tr> <td>Amtrak</td> <td></td> <td rowspan="5"></td> </tr> <tr> <td>Emergency Shelter Referral</td> <td></td> </tr> <tr> <td>Federal Credit Union</td> <td></td> </tr> <tr> <td>Federal or State of California employee</td> <td></td> </tr> <tr> <td>Foreign Government Agency</td> <td></td> </tr> <tr> <td colspan="2">Total Allowable Deductions</td> <td></td> </tr> </table> <table border="1"> <tr> <td>Insurance Company</td> <td></td> </tr> <tr> <td>Permanent Resident</td> <td></td> </tr> <tr> <td>Red Cross</td> <td></td> </tr> <tr> <td>US Postal Service</td> <td></td> </tr> </table>	Allowable deductions		\$	Amtrak			Emergency Shelter Referral		Federal Credit Union		Federal or State of California employee		Foreign Government Agency		Total Allowable Deductions			Insurance Company		Permanent Resident		Red Cross		US Postal Service		
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Total Allowable Deductions																											
Insurance Company																											
Permanent Resident																											
Red Cross																											
US Postal Service																											
3.	Taxable Rent (<i>Line 1 minus Line 2</i>)	\$																									
4.	Total Tax Due (<i>Line 3 X 12.00%</i>)	\$																									
5.	Add Penalty (10% of Total Tax Due if paid after due date within one calendar month or 20% of Total Tax Due if paid one calendar month beyond the due date) (<i>Line 4 x 10% or 20%</i>)	\$																									
6.	Add Interest (1.5% per month, or fraction thereof, multiplied by total tax due until paid), if paid after due date (<i>Line 4 x 1.5% x Number of Months or Fraction Delinquent</i>)	\$																									
7.	Less: Refund(s)/Credit(s)	\$																									
8.	Total Amount Due and Payable (<i>Total of Lines 4, 5, and 6, minus Line 7</i>)	\$																									

Make checks payable and mail to:
LOS ANGELES COUNTY TREASURER AND TAX COLLECTOR
P O BOX 30909
LOS ANGELES, CA 90030-0909

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION IN THIS FORM IS TRUE AND CORRECT.

Signature: _____ Date: _____
 Print Name: _____ Title: _____
 Email: _____ Tel. No: _____

The Los Angeles County Transient Occupancy Tax is codified in Title 4, Chapter 4.72 of the Los Angeles County Code. Refer to <http://www.municode.com/library/CA/Los Angeles County>.

For more information, please refer to the TOT website at <https://tfc.lacounty.gov/tot/>.