

Mail to:  
**Lynette Norfolk**  
Treasurer-Tax Collector  
891 Mountain Ranch Road  
San Andreas, CA 95249  
(209) 754-6350

County of Calaveras  
**Tax Return**  
Hotel Transient Occupancy Tax  
Pursuant to Ordinance No. 324

Fees are due quarterly (April 1;  
July 1; October 1; January 1) and  
become delinquent on April 30;  
July 31; October 31; January 31.

Account Number \_\_\_\_\_

**Mailing:**

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bus. Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_

Bus.City/St/Zip: \_\_\_\_\_

Period From: \_\_\_\_\_

1. Total receipts from room rental \$ \_\_\_\_\_

**EXEMPTIONS**

2. Rooms occupied more than 30 days \$ \_\_\_\_\_

3. **TOTAL EXEMPTIONS** \$ \_\_\_\_\_

4. Taxable receipts (line 1 less line 3) \$ \_\_\_\_\_

5. Amount of tax due (6% of line 4) \$ \_\_\_\_\_

6. Penalty \$ \_\_\_\_\_ Interest \$ \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL (Remit in full)** \$ \_\_\_\_\_

**CERTIFICATION**

I certify (or declare) under penalty of perjury  
that the foregoing is true and correct.



**DO NOT  
FAIL TO  
SIGN HERE**

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Owner, Partner, Agent or Officer if Corp., Trustee, etc.

Date: \_\_\_\_\_

**NOTICE**

The tax will be delinquent if not paid on or before the last  
day of the month in which due.

A penalty of 10% will be added after delinquent date and  
an additional penalty of 10% will be added if delinquent  
more than thirty days.

Also interest of one-half of 1% per month, or fraction  
thereof, on the amount of tax from date on which the  
remittance first became delinquent until paid.

Return this form with **original** signature and remittance.

Keep a copy for your records.