

# Guide to Transient Occupancy Tax

Created by: City of Inglewood-Finance Department

# Municipal Code

- ▶ Link to code sections: <http://www.qcode.us/codes/inglewood/>
- ▶ Transient Occupancy Tax Chapter 9, Article 8

# Key Items

- ▶ **Tax Rate:** For privilege of occupancy in any hotel, each transient is subject to and shall pay a tax in the amount of fourteen percent (14%) of the rent charged by the hotel operator. The transient shall pay the tax to the operator of the hotel at the time rent is paid.
- ▶ **Tax Exemptions:** 1) Any federal or State of California or employee when on official business. 2) Any officer or employee of a foreign government who is exempt by reason of express provision of federal law or international treaty. 3) Transients who stay longer than thirty (30) days are considered permanent occupants. TOT is due for first thirty (30) consecutive days and then occupant is exempt for remainder of stay.
- ▶ **Tax Due Period:** Each hotel operator shall on or before the last day of the month following the collection month make a return to the City. (e.g. January's return is due no later than February 28<sup>th</sup>)

# TOT Payment Forms

- ▶ TOT Tax Return Form
  - ❖ Form must be completed every month and sent with payment to show the tax calculations.
- ▶ TOT Tax Exemption Form
  - ❖ Form must be completed for each exempted individual, if any, and sent with payment and the tax return form every month.
- ▶ Document Location: [www.cityofinglewood.org](http://www.cityofinglewood.org)



# TOT Return Form Guide

- 1) Fill in hotel information at the top of form.
- 2) Write the month for the return (i.e. the month payment was collected).
- 3) Use spreadsheet to insert the Gross Rental Receipts for each day of the month. Please use actual dollar amounts based on daily receipts. Do not calculate averages into the spreadsheet. Calculate the total at the bottom of the spreadsheet. **\*\*Operators must keep support docs in the form of guest folios and customer receipts for each day in their records for at least 3 years. Daily guest folios and receipts must match the amounts entered in the Gross Rental Receipts column\*\***
- 4) If there are exemptions, use the “LESS 30 DAY EXEMPTIONS MONTHLY TOTAL” field for exemptions for over thirty (30) days. Use “LESS GOVERNMENT EMPLOYEE EXEMPTIONS MONTHLY TOTAL” for government employee exemption.
- 5) TOTAL TAXABLE RECEIPTS is the total gross rental receipts less any exemptions.
- 6) Use the TOTAL TAXABLE RECEIPTS amount to calculate the TAX 14%.
- 7) If payment is late, calculate the PENALTY and INTEREST amounts as need be. Please see Municipal Code Section 9-61 Penalties and Interest for more details.
- 8) The TOTAL REMITTANCE is the TAX 14%, plus PENALTIES and INTEREST, if any. The amount listed in TOTAL REMITTANCE needs to match the payment amount.
- 9) Sign, print name, and date the bottom of the form each and every month.

HOTEL NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

TOT RETURN FOR THE MONTH: \_\_\_\_\_

DAYS	GROSS RENTAL RECEIPTS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
TOTAL	

LESS 30 DAY EXEMPTIONS MONTHLY TOTAL: \_\_\_\_\_

LESS GOVERNMENT EMPLOYEE EXEMPTIONS MONTHLY TOTAL: \_\_\_\_\_

TOTAL TAXABLE RECEIPTS: \_\_\_\_\_

TAX 14% (of NET RECEIPTS) \_\_\_\_\_

PENALTY 10 – 20 % (of TOTAL TAX DUE) \_\_\_\_\_

*If postmarked or paid in-person late. Additional 10% owed for delinquency lasting over 30 days.*

INTEREST 1% (per MONTH OF TOTAL TAX DUE) \_\_\_\_\_

*Added interest for each and every month payment is late.*

TOTAL REMITTANCE: \_\_\_\_\_

I certify under the penalty of perjury that the above information is true and correct.

\*Signature: \_\_\_\_\_

\*Print Name: \_\_\_\_\_

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

# TOT Exemption Form Guide

- 1) Fill in the hotel information and Occupant (exempted individual) information at the top of the form.
- 2) Enter the Room Charge Monthly Total amount. Ensure the sum of all the exemption forms match the exemption amount(s) recorded on the TOT Tax Return Form.
- 3) Write the current month information (i.e. the month payment was collected).
- 4) Enter the Permanent Occupant Information. **Reminder:** Occupant must remit TOT for the first thirty (30) consecutive days before claiming exemption.
- 5) The Occupant (exempted individual) and hotel Manager must sign, print name, and date the bottom of the form. Form must be signed and dated by Occupant and Manager each and every month.



**CITY OF INGLEWOOD**  
 FINANCE DEPARTMENT  
 TRANSIENT OCCUPANCY TAX (TOT) EXEMPTION CERTIFICATE



Name of Hotel/Motel: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 Name of Occupant: \_\_\_\_\_  
 Former Address: \_\_\_\_\_  
 Street No. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

**Occupancy Dates Covered by this Report**

Room Charge \_\_\_\_\_ Monthly Total \_\_\_\_\_

Current Month Start	Room No.	Current Month End
/ /	_____	/ /

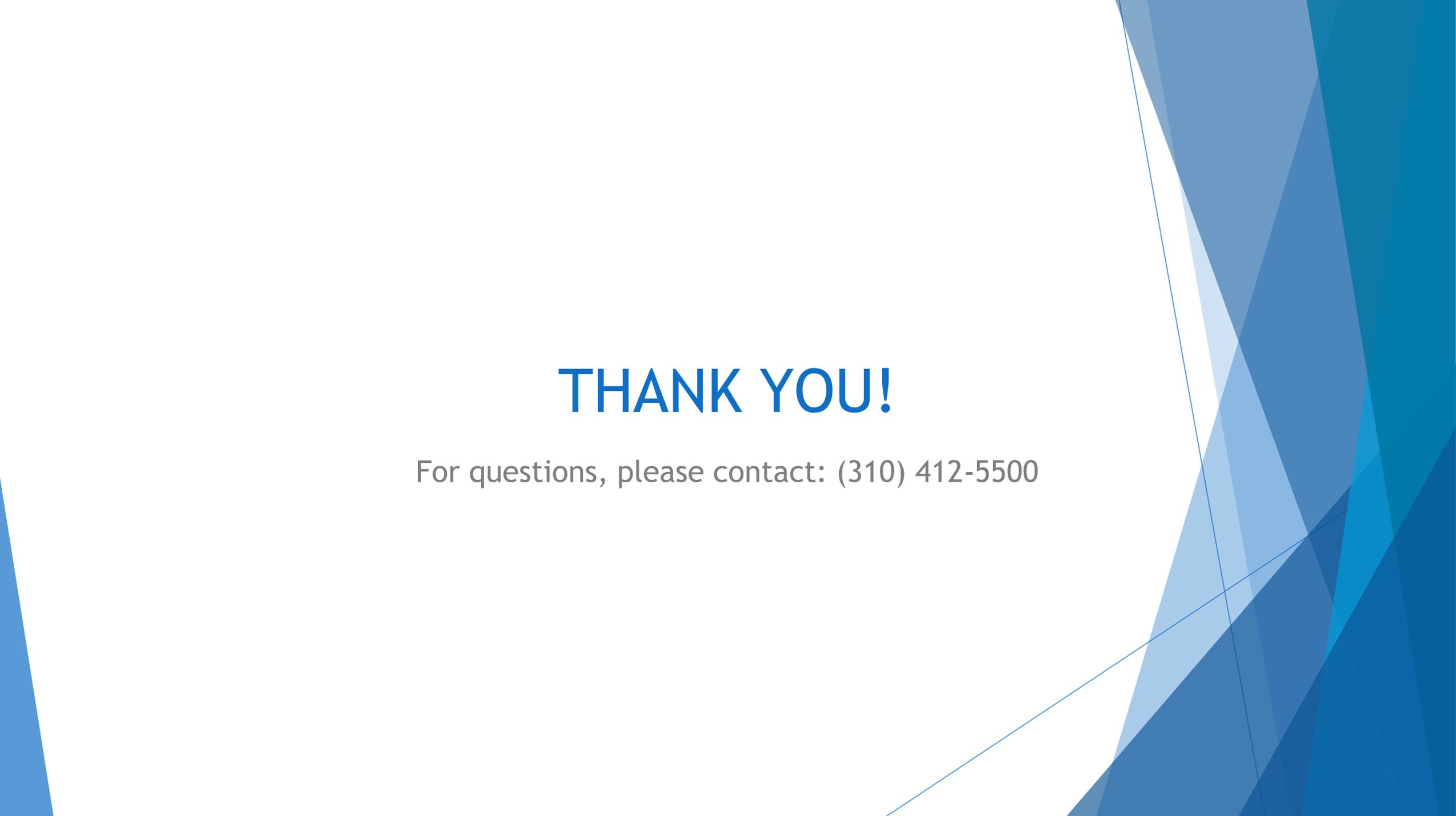
**Permanent Occupant Information**

Date you first occupied room	Room No.	Start Date of TOT Exemption
/ /	_____	/ /

This is to certify that I, the undersigned, have resided at the above establishment for a period of thirty (30) consecutive days, and have paid transient occupancy tax for these thirty (30) days prior to requesting this exemption.

_____ Name of Occupant (print required)	_____ Name of Manager (print required)
_____ Occupant Signature (required)	_____ Manager Signature (required)
_____ Date form signed	_____ Date form signed

IMPORTANT: New forms must be completed by Occupants and Managers monthly with signatures required each and every month. (Article 8-6Secs. 9-57, 9-59). Failure to do so may result in your TOT Exemption Form being rejected and returned.

The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the frame, creating a modern, layered effect.

# THANK YOU!

For questions, please contact: (310) 412-5500