



CITY OF INGLEWOOD
 One Manchester Blvd., Inglewood, CA 90301
 Telephone: (310) 412-5500 / FAX (310) 330-5735
Revenue Division – TOT Return Form

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	

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: _____

TOTAL	
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