



**TRANSIENT OCCUPANCY TAX RETURN &
VCWTBID/VTMD REMITTANCE**

HOTEL NAME:		
OWNER NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:

ACCOUNT NO.:
MONTH COVERED:
DUE DATE:

INSTRUCTIONS ARE ON PAGE THREE (3).

The Municipal Code regarding Transient Occupancy Tax (Chapter 4.115) can be found on the City's website at:
https://library.municode.com/ca/san_buenaventura/codes/code_of_ordinances

For information regarding the collection and remittance of the VCWTBID & VTMD, call the Business Tax Office at 805-658-4715.

TRANSIENT OCCUPANCY TAX		
NO. OF ROOMS:	PERCENT OF OCCUPANCY %:	
TOTAL RENT COLLECTED FOR MONTH:		1
RENT EXEMPT FROM TRANSIENT OCCUPANCY TAX:		2
TAXABLE RENTS: Line 1 minus Line 2		3
TAX: 10% of Line 3		4
PENALTIES: See page 3 for calculation instructions		5
INTEREST: See page 3 for calculation instructions		6
TOTAL TRANSIENT OCCUPANCY TAX DUE: (Add Lines 4 through 6)		7
VENTURA COUNTY WEST TOURISM BUSINESS IMPROVEMENT DISTRICT (VCWTBID)		
RENT NOT SUBJECT TO VCWTBID ASSESSMENT: See page 3		8
RENTS SUBJECT TO VCWTBID ASSESSMENT: Line 1 minus Line 8		9
VOCTBID ASSESSMENT: 2% of Line 9		10
PENALTIES: See page 3 for calculation instructions		11
INTEREST: See page 3 for calculation instructions		12
TOTAL VOCTBID ASSESSMENT DUE: (Add Lines 10 through 12)		13
VENTURA TOURISM MARKETING DISTRICT (VTMD)		
RENT NOT SUBJECT TO VTMD ASSESSMENT: See page 3		14
RENTS SUBJECT TO VTMD ASSESSMENT: Line 1 minus Line 14		15
VTMD ASSESSMENT: 2% of Line 15		16
PENALTIES: See page 3 for calculation instructions		17
INTEREST: See page 3 for calculation instructions		18
TOTAL VTMD ASSESSMENT DUE: (Add Lines 16 through 18)		19
TOTAL DUE: (Add Lines 7, 13 and 19)		20

RETURN THIS FORM WITH PAYMENT

Business Tax Office: 501 Poli Street, Room 107, Ventura, CA 93001 Ph: 805-658-4715 • Fax: 805-653-0634 • Email: BL@cityofventura.ca.gov

I declare that I am duly authorized to make these statements, and that, to the best of my knowledge and belief, the facts stated herein are true, correct and complete and are made in good faith for the period stated, in compliance with the San Buenaventura Municipal Code.

SIGNATURE:	TITLE:
PHONE #:	DATE:

OFFICE USE ONLY	PMD:	CK#:
	CK\$:	

