

**FOLSOM TOURISM BUSINESS**

**IMPROVEMENT DISTRICT ASSESSMENT**

**REPORTING FORM**

REPORTING PERIOD:

HOTEL NAME:  ADDRESS: **­­­­­**­­­­

|  |  |
| --- | --- |
| **Quarter Ending** | **Delinquent Date** |
| September 30th | December 1st |
| December 31st | March 1st |

Tax is due immediately following the close of the reporting period shown above. Please complete all of this return. Keep one for your records, return one with your remittance.

|  |  |
| --- | --- |
| **Quarter Ending** | **Delinquent Date** |
| March 31st | June 1st |
| June 30th | September 1st |

General Informaiton:

1. A reporting form must be filed each quarter, even if there is no assessment to be reported.
2. Retain all records substantiating this return for three years.
3. Report all changes of ownership immediately
4. The delinquent date is 60 days after the last day of the month following the reporting period.

|  |  |
| --- | --- |
| 1. Total receipts from room rentals
 | **$**  |
| 1. Less (-) rents on rooms occupied more than 30 days
 | **$** |
| 1. Less (-) federal, state or foreign govt employee exemptions –claims attached
 | **$** |
| 1. Total receipts (line 1 less line 2 & 3)
 | **$** |
| 1. Folsom Tourism Business Improvement District Assessment
 | **x .04** |
| 1. Over Collection
 | **$** |
| 1. **Total Amount Due**
 | **$** |

*I declare under penalty of perjury that the above is true and correct to the best of my knowledge and belief.*

DATE: SIGNED:  TITLE:**­­­­­**­­­­

Remit to:

City of Folsom

Attn: Revenue Manager

50 Natoma Street

Folsom, CA 95630