



**CITY OF BISHOP**  
**TRANSIENT OCCUPANCY TAX (TOT)**  
**BISHOP TOURISM IMPROVEMENT DISTRICT (BTID) RETURN**

<b>For Office Use Only</b>	
Date Paid:	_____
Receipt #:	_____
Check #:	_____

THIS RETURN IS FOR THE MONTH OF: \_\_\_\_\_ (Month/Year) **OR** QUARTER: \_\_\_\_\_

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

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

- 1. Total Rents Received ..... \$ \_\_\_\_\_
- 2. Allowable Exemptions:
  - a) Rents from stays of more than 30 days ..... \$ \_\_\_\_\_
  - b) Rents from government employees on government business ..... \$ \_\_\_\_\_
  - c) TOTAL EXEMPTIONS (2a + 2b) ..... \$ \_\_\_\_\_
- 3. Taxable Rental Receipts (Line 1 - Line 2c Total) ..... \$ \_\_\_\_\_

<b>Computation of TOT Tax</b>	
4. Transient occupancy tax due (12% of Line 3) .....	\$ _____
5. Applicable Penalties	
a) Delinquency penalty: 10% of Line 4 to be added after delinquent date .....	\$ _____
b) Interest: .5% per month, or fraction thereof (see instructions) .....	\$ _____
c) TOTAL PENALTIES (5a + 5b) .....	\$ _____
<b>6. TOTAL TOT TAXES AND PENALTIES DUE (Line 4 + Line 5c Total) .....</b>	<b>\$ _____</b>

<b>Computation of BTID Assessment</b>	
7. BTID Assessment (2% of Line 3) .....	\$ _____
8. Applicable Penalties	
a) Delinquency penalty: 10% of Line 7 to be added after delinquent date .....	\$ _____
b) Interest: .5% per month, or fraction thereof (see instructions) .....	\$ _____
c) TOTAL PENALTIES (8a + 8b) .....	\$ _____
<b>9. TOTAL BTID ASSESSMENT AND PENALTIES DUE (Line 7 + Line 8c Total) .....</b>	<b>\$ _____</b>

10. **TOTAL AMOUNT DUE (Line 6 + Line 9) .....** \$ \_\_\_\_\_

I certify, under penalty of perjury, that I am an authorized representative of the above hotel and the foregoing is true and correct:

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

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

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

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

Owner, Officer, Partner, Agent

<p><b>Mail to:</b>          City of Bishop          P.O. Box 1236          Bishop, CA 93515</p>
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