

**CITY OF CARLSBAD
TRANSIENT OCCUPANCY TAX AND
CARLSBAD TOURISM BUSINESS IMPROVEMENT DISTRICT RETURN**

NAME OF BUSINESS:
BUSINESS ADDRESS:
MAILING ADDRESS:
MONTH ENDED:

1. NUMBER OF AVAILABLE ROOMS FOR THE MONTH OF: _____	<input style="width: 100%; height: 25px;" type="text"/>
2. NUMBER OF TRANSIENT OCCUPIED ROOMS FOR THE MONTH OF: _____	<input style="width: 100%; height: 25px;" type="text"/>
3. TRANSIENT RENT RECEIPTS FOR THE MONTH OF: _____	<input style="width: 100%; height: 25px;" type="text"/>
4. CTBID ASSESSMENT (multiply line 2 by \$1.00):	<input style="width: 100%; height: 25px;" type="text"/>
5. TRANSIENT TAX (multiply line 3 by 10%):	<input style="width: 100%; height: 25px;" type="text"/>
6. PENALTY (10% if payment is made after due date):	<input style="width: 100%; height: 25px;" type="text"/>
7. PENALTY (10% for delinquency beyond 30 days):	<input style="width: 100%; height: 25px;" type="text"/>
8. INTEREST (1-1/2% per month from date of delinquency):	<input style="width: 100%; height: 25px;" type="text"/>
9. TOTAL BALANCE DUE (Line 4, Line 5, Line 6, Line 7 & Line 8)	<input style="width: 100%; height: 25px; border: 3px double black;" type="text"/>

<p>I hereby certify that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete statement made in compliance with the provisions of the Carlsbad Municipal Code.</p>	
Print Name and Title: _____	
Signature: _____	
Date: _____	Telephone: _____

**MAKE CHECK OR MONEY ORDER PAYABLE TO:
CITY OF CARLSBAD
MAIL REMITTANCE TO:
Finance Department, 1635 Faraday Ave., Carlsbad, CA 92008**