



**COUNTY OF ALAMEDA - UNINCORPORATED AREAS  
HOTEL & LODGING TAX  
MONTHLY REMITTANCE REPORT**

RETURN FOR THE MONTH OF: \_\_\_\_\_ Due Date is Last Day of the Following Month

HOTEL INFORMATION		Make Remittance Payable to:
Name:		<b>ALAMEDA COUNTY TAX COLLECTOR</b>  <b>Mailing Address:</b> COUNTY OF ALAMEDA TREASURER-TAX COLLECTOR'S OFFICE BUSINESS LICENSE TAX UNIT 224 W. WINTON AVENUE, ROOM 169 HAYWARD, CA 94544-1221  <b>Telephone:</b> (510) 670-6400
Address:	_____ _____ _____ City State Zip Code	
Federal Tax ID:	____ - ____ - _____	
Telephone No:		

**THE AMOUNT OF HOTEL & LODGING TAX COLLECTED IN ONE MONTH SHALL BE REMITTED BY U.S. MAIL TO THE ALAMEDA COUNTY TAX COLLECTOR, POSTMARKED ON OR BEFORE THE LAST DAY OF THE FOLLOWING MONTH. ANY TAX REMITTED AFTER THE DEADLINE WILL BE ASSESSED A PENALTY OF 25% PLUS AN ADDITIONAL 1.0% INTEREST PER MONTH ON TAX AND PENALTY.**

NUMBER OF ROOMS RENTED FOR THE PERIOD COVERED:	
1. ENTER TOTAL RENTAL RECEIPTS FOR THE MONTH:	\$ _____
2. LESS ADJUSTMENT: (Please attach proof)	
A. Enter receipts exempted for Federal or State of California employees on official business	\$ _____
B. Enter receipts for occupancies of 31 days or more	\$ _____
C. Enter other adjustments	\$ _____
3. TOTAL ADJUSTMENTS: (Line 2A + 2B + 2C)	\$ _____
4. TAXABLE RENTS: (Line 1 minus Line 3)	\$ _____
5. HOTEL AND LODGING TAX (10% of Line 4):	\$ _____
6. PENALTY/INTEREST FOR LATE REMITTANCE:	\$ _____
A. 25%, penalty due on the date remittance first became delinquent	
B. Additional 1.0% interest per month or portion thereof, inclusive of penalty, from the date remittance first became delinquent until paid in full	\$ _____
7. NET REMITTANCE: (Tax, Penalty & Interest)	\$ _____

**I hereby certify under penalty of perjury that the information provided in this Hotel and Lodging Tax Remittance Report is true and complete.**

Contact Person \_\_\_\_\_ Telephone No. \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Full Name & Title \_\_\_\_\_ Date Signed \_\_\_\_\_