CITY OF INDIAN WELLS
44-950 ELDORADO DRIVE
INDIAN WELLS, CA 92210
(760) 346-2489

TRANSIENT OCCUPANCY TAX QUARTERLY RETURN
SHORT-TERM RESIDENTIAL RENTAL

NAME: _____ **PHONE NUMBER:** _____

CONTACT NAME: _____ **MAILING ADDRESS:** _____

RENTAL ADDRESS: _____ **CITY, STATE & ZIP:** _____

PERMIT NUMBER: _____ **EMAIL ADDRESS:** _____

Transient Occupancy Tax Return forms are *required* to be submitted to the City quarterly even if there is no tax due (not rented).

TOT is due and payable as shown below.

	REPORTING PERIOD (SELECT ONE)	DUE DATE	PAYABLE BY*	DELINQUENT DATE (ADD 10% PENALTY ON LINE 5)
☐	January 1 to March 31	April 1	April 30	May 1
☐	April 1 to June 30	July 1	July 31	August 1
☐	July 1 to September 30	October 1	October 31	November 1
☐	October 1 to December 31	January 1	January 31	February 1

***If the "PAYABLE BY" falls on a weekend or Holiday, payment is due and payable by the next business day to avoid penalties**

Complete numbers 1 - 7 below. All fields must be filled in.

1. Rental Rate	**1.** _____		
2. Number of room nights sold	**2.** _____		
3. Gross Rent for Occupancy *	.	**3.**	_____
4. Net Transient Occupancy Tax	[12.25% x Line 3]	**4.**	_____
4a. TBID (CVB Business Improvement District Assessment - effective 7/1/2021)	[1.00% x Line 3]	**4a.**	_____
5. Penalties (if not paid before delinquent date) (10% of tax)		**5.**	_____
6. Interest (if not paid before delinquent date and on the 1st of each month thereafter) 1/2 % per month of outstanding balance due		**6.**	_____
7. Total Tax - due and Payable	Line 4 + Line 4a + Line 5 + Line 6	**7.**	_____

* Total Gross Rent for Occupancy includes such charges as labor or cleaning fees, rollaway beds, cribs, extra persons, employee rentals, energy surcharges, pool heating and other similar charges associated with rental of unit.

The books and records of the operator may be subject to review by the City and must be kept and preserved for three years and made available for delivery to the City within one week after being requested to do so.

I declare under penalty of perjury that to the best of my knowledge and belief, the statements herein are true, correct and complete.

SIGNED: _____ **DATE:** _____

PROPERTY OWNER/MGMT FIRM: _____

Make checks payable to City of Indian Wells and mail with this form to:

City of Indian Wells
Attn: Finance Dept.
44-950 Eldorado Drive
Indian Wells, CA 92210

Phone: **(760) 776-0235**
Fax: **(760) 346-0407**
Email: **rentals@indianwells.com**