



Internal Services Agency

Department of Finance

Tax Collection & Licensing Division

Linda S. Pittman, Assistant Tax Collector

Terry Schutten, County Executive
Mark Norris, Agency Administrator
Dave Irish CPA, Department Director

County of Sacramento

SACRAMENTO TOURISM BUSINESS IMPROVEMENT DISTRICT FEE RETURN

Hotel/Motel Name: _____

Address: _____

Reporting Period:

Due Date:

Delinquent Date:

General Information

- A. File return even though no fee may be due.
- B. Retain all records substantiating this return for three years.
- C. Report changes of ownership immediately.
- D. The fee is due on or before the last day of the month following the reporting period in which the fee was collected.

RENTAL REPORTING DATA

1. Total Number of Rooms Available for Rent During Reporting Month _____

2. Total Number of Transient Room-nights Occupied During Reporting Month _____

3. Total Room Revenue Collected During Reporting Month _____

4. **Tourism Assessment**
Room-nights Occupied _____ **X** _____ **per room** \$ _____

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

Preparer	Title	Phone	Date
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Make check payable to: County of Sacramento. Mail return and payment to: County of Sacramento, Business License Section, 700 H Street, Room 1710, Sacramento, CA 95814.