



City of Monterey
 Visitor Accommodation Facility (VAF) Return
 For two-month period ending: [month] [year]

CCFD rate for this VAF:

TID rate for this VAF:

Occupancy rate (optional) _____ %

Instructions:

Complete and sign form.

Return form with remittance to:

City of Monterey
735 Pacific Street, Suite A
Monterey, CA 93940

Both are due by the last day of each odd numbered month.

Late payments are subject to penalties.

Questions?

Visit us online at Monterey.org/VAF

Phone: 831.646.3944

Email: accounting@monterey.org

City laws: <http://codepublishing.com/ca/monterey>

Transient Occupancy Tax (TOT)	
1 Total transient rent charged and received	
[month] [year]	
[month] [year]	
2 LESS: Rentals of 31 or more consecutive days (Attach form)	
3 LESS: Exemptions for government officials (Attach exemptions form)	
4 LESS: Food/beverage sales included in transient rents (Item 1) subject to sales tax	
5 Net amount taxable (Item 1 less Items 2, 3, 4)	\$ -
6 TOT due to City of Monterey (10% of Item 5)	\$ -
7 Penalties (if applicable)	\$ -
8 Total TOT and penalties (Item 6 and 7)	\$ -
Conference Center Facilities District (CCFD) Special Tax	
9 Net taxable transient rent (Total of Items 3 and 5)	\$ -
10 Tax rate	
11 CCFD tax due (Item 9 multiplied by Item 10)	\$ -
12 Penalties (if applicable)	\$ -
13 Total CCFD tax and penalties (Item 11 and 12)	\$ -
Tourism Improvement District (TID) Assessment	
14 Total occupied room nights	
15 Assessment per occupied night (see code)	\$ -
16 Assessment due	\$ -
17 Penalties (if applicable)	\$ -
18 Total TID assessment and penalties (Item 16 and 17)	\$ -
Total TOT + CCFD + TID amount remitted (Items 8, 13, and 18)	\$ -

I declare under penalties of perjury that the statements made herein are true and correct.

Signature _____

Date _____

Print Name and Title _____