

CHARLES LOMELI
Treasurer-Tax Collector-County Clerk

DENISE DIX
Assistant Treasurer-Tax Collector-
County Clerk

TREASURER-TAX COLLECTOR-COUNTY CLERK



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www.solanocounty.gov

TRANSIENT OCCUPANCY TAX WORKSHEET

The Transient Occupancy Tax Code is available at www.solanocounty.com

A tax worksheet must be completed and filed for each reporting period.

The Transient Occupancy Tax payment is due no later than the last day of the month following the close of the reporting period.

Any change of ownership or address must be reported immediately to the Solano County Tax Collector.

A final worksheet and payment must be sent immediately to the Tax Collector for any business sold or suspended.

When any occupancy unit is rented more than 1 time each day, then the actual number of times is to be recorded and counted as a separate occupancy.

Certificate Number: _____

Reporting Period: _____

1	GROSS RENTAL INCOME: Enter the total amount of rental income collected in this reporting period.	
2	EXEMPT AMOUNT: If any units are occupied more than 30 consecutive days, the gross rents collected for these units is to be entered here.	
3	TAXABLE RECEIPTS: Gross Rental Income minus Exempt Amount	
4	AMOUNT OF TAX DUE: This is the taxable receipts (line 3) times your tax rate 5%	
5	PENALTY: If taxes are paid within 30 days after the delinquent date add 10% of the tax due amount (line 4). If paid more than 30 days after the delinquent date add 20% of the tax due amount (line 4).	
6	INTEREST: In addition to the above penalty, add 0.5% per month, or fraction thereof, of the tax due amount (line 4)	
7	TOTAL AMOUNT DUE: (Add lines 4, 5 and 6)	
8	NUMBER OF RENTAL UNIT/DAYS AVAILABLE DURING REPORTING PERIOD: This number is derived by multiplying the number of units available for rent times the days in the reporting period.	
9	NUMBER OF UNIT/DAYS OCCUPIED: This number requires an auditable record of the number of units actually rented each day during the reporting period.	

Please send completed worksheet along with payment made payable to:

SOLANO COUNTY TAX COLLECTOR
675 TEXAS STREET, SUITE 1900
FAIRFIELD, CA 94533

By signing this worksheet I certify under penalty of perjury that it is an accurate return and that I am authorized to complete this worksheet on behalf of the certificate holder.

Signature: _____ Date: _____

Print Name: _____ Phone Number: _____

Title: _____ Address: _____

Account Name: _____ Email Address: _____