

**CITY OF SANTA CRUZ
TOURISM MARKETING DISTRICT ASSESSMENT RETURN**

Business or Property Name: _____

Reporting Period:

Month: _____

Other - specify: _____

1. TOTAL OCCUPIED ROOM NIGHTS (each room/unit x occupied nights)	1	
2. LESS ROOM NIGHT EXCEPTIONS	2	
3. TOTAL ROOM NIGHTS ASSESSED (Line 1- Line 2)	3	
4. TIER RATE: TIER 1 (\$2.20), 2 (\$2.85), 3 (\$3.20) or 4 (\$4.10)	4	
5. Total Tourism Assessment Due (Your Tier Rate x Line 3)	5	
6. LATE PENALTY (10% x Line 5 for first 30 days late + Additional 15% x line 7 for over 30 days late)	6	
7. INTEREST (1.5% x Line 5 x number of months late)	7	
8. TOTAL ASSESSMENTS, PENALTY AND INTEREST DUE (Sum of Line 5, 6, and 7)	8	
9. CREDIT CARD FEE (3% of Line 8)- Only to be added when paying with Credit Card	9	
10. TOTAL DUE (Sum of Lines 8 & 9)	10	

I declare under penalty of perjury that the information contained herein is true and correct.

Signature

Date

Title

Phone Number

*The TMD assessment is due at the same time as your Transient Occupancy Tax and should be submitted together.

** Returns are subject to review by the Finance Department. If anything additional is owed, you will be contacted by email or letter.

Pay Online!

www.cityofsantacruz.com

Mailing Address

1200 Pacific Ave
Suite 290
Santa Cruz, CA 95060

Walk-In Payments

809 Center Street Room 101
Open Mon-Thurs
7:30AM-11:30 AM