



CITY OF RANCHO MIRAGE

ADMINISTRATIVE SERVICES

FINANCE DIVISION

69-825 Highway 111, Rancho Mirage, CA 92270

Phone: 760.770.3207

(For City Use Only)

Date Processed: ____/____/____

Amount Rec.: \$ _____

By: _____

Short-Term Rental Monthly Transient Occupancy Tax Return

Reporting Period: _____

YES NO (must select one), Revisions have been made to the online listings or places of advertisement indicated on the most recent application. If yes, must provide a change form with complete listings.

PROPERTY INFORMATION

Certificate No.: _____ Address: _____

Owner Name: _____

Management Co./Agent Name: _____

INSTRUCTIONS

This monthly tax return MUST be filed with the City of Rancho Mirage ("City"), even if there is no tax due.

REMITTANCE – Checks should be made payable to "City of Rancho Mirage". Checks, drafts, postal notes and money orders are accepted by the City subject to collection and do not constitute payment until cleared. The City assumes no responsibility for loss in transit or delay in deposit.

RECEIPT – The canceled check becomes the receipt. No receipt will be mailed by the City unless a demand for same is made at the time of payment.

RECORDS – All records substantiating the return must be retained by the operator for a period of not less than three years from the date of payment.

CHANGE and CESSATION– Change of address or ownership must be reported immediately to the City. Upon cessation of business for any reason, outstanding returns and payments are due immediately.

1. All Taxable Rents for the Reporting Period (attached reports): _____
 - a. Less Taxable Rents Collected by AIRBNB (attached Gross Earnings Report) _____
 - i. Subtotal _____
2. Tax Due (11% of line i [10% City Tax + 1% TBID Tax]): _____
3. If Applicable _____
 - a. Late Penalty (15% of tax due, line 2, if paid within 30 days after the delinquent date*) _____
 - b. Interest (1.5% per month (or fraction thereof) in addition to the late penalty, on the amount of the tax from delinquent date to the date of payment) _____
4. Total Amount Due (Total of line 2, 3a and 3b) _____

HOW TO SUBMIT

If a tax is due, send payment and completed form via mail to City of Rancho Mirage, Attention: Finance, TOT. Email is not acceptable.

If **NO TAX is due**, no signature is required, this form may be submitted by mail, or via email to tot@ranchomirageca.gov

CERTIFICATION

I hereby certify that the statements made herein are true and correct to the best of my knowledge and that all applicable information has been provided.

Date: ____/____/____ Print Name: _____

(Signature)

PLEASE KEEP A COPY FOR YOUR RECORDS

*Delinquent Date: The first day of the second succeeding month following the close of each calendar month.

TRANSPARENCY NOTICE: Some or all of the content contained in this application and its attachments may be subject to disclosure pursuant to the California Public Records Act (Government Code section 6250, et seq.)