City of Needles

Monthly Report of Tax

(Rental Income of Motels, Hotels & Trailer Courts)

Name: _____ Period Covered by this Report:

Address: _____ From: _____to_____

_____

1.	TOTAL RENTAL REVENUE	$	_____
2.	Less: Rental Receipts for Occupancies of 31 Consecutive Days or More *(Exemption List Must be Attached)*	$	_____
3.	Total Deductions	$	_____
4.	**Amount to Which Tax Applies *(Line 1 – Line 3)***	**$**	_____
5.	Total TAX Computed at 10% of Line 4	$	_____
6.	Penalties as per Sec 20-10 of the City of Needles City Code: After **30 Days** (10% of Line 5)	$	_____
7.	Total Tax & Penalties	$	_____
8.	Penalties as per Sec 20-10 of the City of Needles City Code: After **60 Days** and additional (10% of Line 7)	$	_____
9.	Total Tax & Penalties	$	_____
10.	Penalties as per Sec 20-10 of the City of Needles City Code: After **90 Days** and additional (10% of Line 9)	$	_____
11.	Total Tax & Penalties	$	_____
12.	Penalties as per Sec 20-10 of the City of Needles City Code: 1% Per Month Paid on All Delinquent Amounts accrued (Line 11)	$	_____
13.	**Total Amount Due and Payable (Line 11 + 12)**	**$**	_____
14.	Aggregate Number of Rooms or Units Rented During the Month	$	_____

The undersigned hereby certifies that the above report is true and correct statement of rental income and tax collected for the above period, under and pursuant to Sec 20-8 of the Needles City Code as amended by Ordinance No. 235-AC adopted 5-20-85 by the above named establishment for the period covered by this report.

_____ _____ _____

Signature *Title* *Date*

Please Make Checks Payable to: **City of Needles** and send to **817 Third Street, Needles, CA. 92363**

CITY OF NEEDLES

Monthly Exemption of Tax

(Rental Income of Motels, Hotels, Trailer Courts)

In order to properly document exemptions claimed for occupancies of 31 consecutive days or more, the City of Needles is requiring the completion of this supplemental form. If not properly documented on this for, the City will not allow the exemption.

Beginning Date	Ending Date	Exempt Amount	Name, Address & Telephone Number of Occupant

TOTAL EXEMPTION $ _____