



TRANSIENT OCCUPANCY TAX

FIILING AFFIDAVIT FOR TRANSIENT USE LICENSES

Transient Use Location (Property Address): _____

Transient Use License Holder's Name: _____

Transient Use Tax Return to City of Pacific Grove for Month(s) of: _____

1. Number of Nights Property Rented During Period _____

2. Total Transient Rents Charged and Received \$ _____

3. Tax Due (10% of line #2) \$ _____

4. Penalties (if any) \$ _____

5. Total Tax and Penalties Due \$ _____

I declare under penalty of making a false statement that the information provided here is true and correct to the best of my knowledge.

Signature

Date



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