COUNTY OF YUBA
TRANSIENT OCCUPANCY TAX RETURN

You are required to complete this return and pay the tax pursuant to County of Yuba Ordinance 5.30. This return, accompanied by your remittance and exemption claims, must be filed with the Tax Collectors office.

Business Name: _____

Owner/Manager: _____

Mailing Address: _____

City, State, Zip: _____

Certificate Number: _____

Reporting Period: **Quarter 4 / October 1, 2026 – December 31, 2026**

Payment Due Date: **January 31, 2027**

1	**Gross Rent for Occupancy of Rooms**		**$**
2	**Over 30 day Occupancy Exemption**	**$ ( )**	
3	**Foreign, Federal, State, and/or Local Government Exemptions**	**$ ( )**	
4	**Total Exemptions and Adjustments (Add lines 2 + 3)**		**$ ( )**
5	**Taxable Rents (Subtract line 4 from line 1)**		**$**
6	**Tax: (10% of line 5)**		**$**
7	**Penalty: 1-30 days late (10% of line 6)**		**$**
8	**Penalty: Over 30 days late (additional 10% of 6)**		**$**
9	**Interest (Amount on Line 6 x .015 x Number of Months late)**		**$**
10	**Total Tax Due: (Add Line 6 through line 9)**		**$**

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Signature Title Phone Date

Please provide supporting documents for any exemption claims and return this form with your check payable to the Yuba County Tax Collector. Mail your tax return to: **Yuba County Tax Collector**
915 8th Street, Suite 103
Marysville, CA 95901

Original signature required; retain a photocopy for your records. INCOMPLETE FORMS WILL NOT BE ACCEPTED