County of Placer Administrative Service Department Revenue Services Division

10810 Justice Center Drive, Suite100, Roseville CA 95678 Ph: (916) 543-3900 Fax: (916) 543-3910

Request to Close Transient Occupancy Tax Certificate

Pursuant to the Transient Occupancy Tax Code, Sec. 4.16.060 B, the Registration Certificate shall be returned to the Tax Administrator for cancellation whenever an operator to whom a certificate has been issued ceases to act in the capacity of an operator.

the c	apacity of an operator.			
Name of Certificate Holder:			Owner: Agent:	
Address of Rental:			Certificate Number:	
City, State, Zip:				
	ssor's Parcel Number (APN):e cancel the certificate number: (Reminde			
belo		i, piease con	ipiete your illiar i O i wo	rksneet reporting
D.				
	e check all that apply:			
L	☐ We are no longer renting this property for	•		
	We have sold this property. Sale date:			
	We have contracted with a rental manageOther:	•		as or:
			-	
	e certificate enclosed? Yes No	do writton vori	fination that a diligant affort	to locate the contificate
	e certificate is not enclosed, you must providue cerformed and that it was unsuccessful.	de written veri	incation that a diligent ellort	to locate the certificate
CER	TIFICATE NUMBER:	Acc	OUNT:	
Tax	RETURN MUST BE FILED EVEN THOUGH	I No Tax is D	OUE FINAL REPORTING	PERIOD:to
1	Gross Rental Income	\$	•	r sending my electronic signature, I
2	Exempt Amount for Rooms Occupied	\$		jury that it is an accurate return
	MoreThan30 Days		of the certificate holder.	complete this worksheet on behalf
3	Taxable Receipts (line 1 less line 2)	\$	Signed:	
4	Amount of Tax Due (8% or 10% of line 3)	\$	Print Name:	
5	Penalty (10% or 20% of line 4 – see code.) Interest (1.5% of line 4 x # of months late –	\$		
6	see code.)	\$	Title:	
7	Total Amount Due (add lines 4, 5 and 6)	\$	Date:	
8	Are rental receipts under this certificate		Address:	
	number ever reported by another individual (s)?	☐ Yes ☐ No	City, State, Zip:	
9	Number of rental unit/days available during		Account Name:	
	this reporting period. (See code.) Number of Unit/Days Occupied During this		Phone #:	
10	Reporting period (See code)		Email:	
	s 1 Through 10 must be completed by or inistrator	der of the tax	•	
auiii	ii iisti attii			
I ce	rtify that the information provided on tl	his request to	close the certificate is tru	ue and correct and
	I have read and understand the Transie			
requ	est or on the Placer County Web Site	nttp://www.pl	acer.ca.gov/Departments/	Admin/Revenue.aspx
Λι.+ -	porized Signature		Dato	
Authorized Signature:		Date:		