Every person providing transient lodging for remuneration in the Incorporated City of Lancaster must collect a tax of seven (7%) on the rent paid, unless that rent qualifies for exclusion or exemption. All allowable exclusions and exemptions must accompany this return form. This tax is due and payable to the City, on or before the last day of the month following the close of period. For failure to pay by the amount prior to the due date, the lodging provider is subject to paying a penalty on the tax due. The initial penalty is ten percent (10%) of the amount due; further delinquency is subject to an additional monthly penalty of ten percent (10% per month), maximum of 20%. The interest rate is one half of one percent (0.5%) per month or fraction thereof. Change of ownership, suspension, or disposal of business must be reported to us immediately.

FILE ONLINE AT:  https://lancaster.hdlgov.com

ACCOUNT NO:  PIN:

Lodging Establishment Name and Address  Reporting Period (MM / YYYY)

Number of Rooms Rented During the Period

Number of Rooms Available During the Period

This return is subject to audit:

WORKSHEET FOR TOT AND ASSESSMENT

1. Gross Rent Paid for Lodging  1. $ __________________

Allowable Exemptions for:

2. Permanent Residents - Term (>30 days)**  2. $ ________________

3. Federal/State/Business Occupancies  3. $ ________________

4. Total Exemptions (line 2 + 3) (Documentation must be attached)  4. $ ________________

5. NET TAXABLE RENTS (LINE 1 minus LINE 4)  5. $ __________________

TRANSIENT OCCUPANCY TAX AND HOTEL MARKETING

6. 7.0% Tax collected for Transient Occupancy (Line 5 x 0.07)  6. $ __________________

7. 2.0% Assessment collected for Tourism Improvement (Line 5 x 0.02)  7. $ __________________

8. Transient Occupancy Penalty (Line 6 x 0.10, for each month past due, max 2 mos)  8. $ __________________

9. Transient Occupancy Interest (Line 6 x 0.005, for each month past due)  9. $ __________________

Total Amount Due (Add lines 6 - 9)

I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge.

Signature  

Date  

Print Name  

Title  

Please make check payable to: City of Lancaster

Mail to: City of Lancaster TOT Processing Center  
8839 N. Cedar Ave #212 • Fresno, CA  93720

Need assistance? Email us at: Lancaster@HdLgov.com  
Phone: (661) 495-5100

*** Term Exclusion: For stays of more than thirty (30) continuous days, or 30 consecutive days stay. In the absence of a prior written contract, the tax must be collected for the first 30 days.