



## TRANSIENT OCCUPANCY TAX

### GENERAL INFORMATION

City of Mesa Ordinance Number 1914 effective March 6, 1985, imposes a Transient Occupancy Tax for the occupancy of space or use of furnishings or other services or accommodations, in a hotel, motel or any other structure intended for the occupancy by transients for dwelling, lodging or sleeping purposes for a period of twenty nine (29) consecutive calendar days or less.

### RATE (AMOUNT OF TAX)

3 % OF GROSS INCOME (effective 7/1/2004)

### WHEN TO REPORT

You will receive a report form each month for the purpose of reporting your tax. **If you have not had any taxable activity for a reporting period a report still needs to be submitted showing no tax owed.**

### DELINQUENCY DATE; PENALTIES AND INTEREST

Your taxes are due and payable on or before the 20th day of the month succeeding the month for which you are reporting. All returns received within the Licensing Office on or before the last business day of the month will not be assessed penalty or interest. The last business day of the month is considered the delinquency date for the application of penalties and interest to late filed reports and/or payment of taxes due.

- Interest is prorated on delinquent unpaid taxes until paid and cannot be waived. This interest rate is subject to change on a quarterly basis as established by the I.R.S.
- The penalty structure is:
  - 10% of the tax due for failure to pay tax.
  - 5% per month of the tax due for any period for which a return was not timely filed.
  - The combination of the above two penalties cannot exceed 25%

### WHEN TO NOTIFY US (in writing)

- If you change your mailing address
- If you change your business location
- When you are no longer doing business in Mesa

For detailed information visit our website at [www.mesaaz.gov/salestax](http://www.mesaaz.gov/salestax) or call us at (480) 644-2316.



# APPLICATION FOR LICENSE, TRANSIENT OCCUPANCY TAX

## SECTION I. BUSINESS INFORMATION

Business Name (Individual, Company or "DBA", first name first)					
Street No. _____ (N,E,S,W)	Street Name _____			Type _____	Ste/Apt # _____
City _____	State _____	ZIP Code + 4 _____	Area Code _____	Business Telephone # _____	
Start Date _____	E-mail address _____	State License # _____		Federal ID # _____	

<b>Office Use Only</b>
License # _____
Initials _____
Zoning _____

## SECTION II. MAILING ADDRESS & PHONE NUMBER

Enter Name if Different from Section I (above) or Enter 'In-Care-Of' Name					
Street No. _____ (N,E,S,W)	Street Name _____			Type _____	Ste/Apt # _____
City _____	State _____	ZIP Code _____	Area Code _____	Telephone # _____	

## SECTION III. BUSINESS OWNERSHIP & RECORD LOCATION

Ownership:  Individual  LLC  Corp. - State Inc. \_\_\_\_\_  Gen. Partnership  Ltd. Partnership  Other \_\_\_\_\_

<b>Owners, Partners, LLC Members, or Officers</b> <small>(For Additional Names, Please Attach List)</small>	1)	Name _____	Title _____
		Home Address _____	Social Security # _____
		City _____ State _____ ZIP Code _____	Phone No. ( ) _____
	2)	Name _____	Title _____
		Home Address _____	Social Security # _____
		City _____ State _____ ZIP Code _____	Phone No. ( ) _____
<b>Corporate or LLC Statutory Agent</b>	Name _____	Phone No. ( ) _____	
<b>Location Where Business Records Are Kept</b>	Name _____	Phone No. ( ) _____	
	Address _____	City _____ State _____ ZIP Code _____	

## Section IV. Business Type

**Business Type**     Hotel /Motel     R V Park     Apartment     Other \_\_\_\_\_

## Section V. Management information

Do you have a management company?     Yes     No  
 If yes, complete Landlord/Property Manager information

Landlord/Property Manager Name _____	Address _____	Phone # _____
--------------------------------------	---------------	---------------

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the city. **Incomplete forms may not be processed.**  
**IF APPLICABLE, BE SURE ALL TAX HAS BEEN PAID BY FORMER OWNER. BY LAW YOU MAY BE LIABLE FOR ANY UNPAID TAX.**

Print Name _____	Signature _____	Title _____	Date _____
------------------	-----------------	-------------	------------