



# CITY OF AMERICAN CANYON

## Transient Occupancy Tax (TOT) Return Form

Every person providing transient lodging for remuneration in the City of American Canyon must collect a tax of twelve (12%) and a two percent (2%) Napa Valley Tourism Improvement District (NVTID) assessment 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 reporting period. Payment becomes delinquent on the 1st day of the second month following the close of the reporting period. For failure to pay the amount prior to the due date, the lodging provider shall pay a penalty of ten percent (10%) of the tax or amount of the tax in addition to the tax or amount of tax plus interest at the rate of one-half (0.5%) percent per month or fraction thereof until the date of remittance or payment. Change of ownership, suspension, or disposal of business must be reported to us immediately.

FILE ONLINE AT: <https://AmericanCanyon.hdlgov.com/Home/index/TOT> 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:**

1. Gross Rent Paid for Lodging .....	1. \$ _____
2. Less Allowable Deductions	
a. Rent for occupancy by permanent residents (one who occupies or has right of occupancy at least 30 consecutive days) .....	2a. \$ _____
b. Government Agencies .....	2b. \$ _____
3. Net Taxable Rent: (Line 1 minus Line 2) .....	3. \$ _____
4. Transient Occupancy Tax (12% or 0.12 x Line 3) .....	4. \$ _____
5. Napa Valley Tourism Improvement District Assessment .....	5. \$ _____
6. TOT Penalty (Sum of Line 4 and Line 5 x 10% or .10, applied on the 1st of each month) .....	6. \$ _____
7. TOT Interest (Sum of Line 4 and Line 5 x 10% or .10, applied on the 1st of each month) .....	7. \$ _____

**TOTAL AMOUNT DUE (Add Line 4 through Line 7) TOTAL \$ \_\_\_\_\_**

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 American Canyon  
  
Mail to: City of American Canyon  
TOT Processing Center  
8839 N. Cedar Ave #212 • Fresno, CA 93720  
  
Need assistance? Email us at:  
[AmericanCanyonTOT@hdlgov.com](mailto:AmericanCanyonTOT@hdlgov.com)  
Phone: (707) 302-0355

**\*\* 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.