

OFFICE OF TOURISM

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californiatourism.ca.gov

TOURISM ASSESSMENT FORM

FILE ONE FORM FOR EACH LOCATION

**Section I. Business Location Information**

(Business must have a single FEIN number)

New Business Location ☐

Tourism ID #: _____
Business Name: _____
Business Address: _____
City, State, Zip: _____
Contact Name: _____
Contact Title: _____
Phone number: _____
Fax number: _____
Email: _____
Federal Tax ID: _____
Segment Code: _____

(Industry segment list available at tourism.ca.gov)

Section II. Parent or Billing Information

(Section applicable only to parent companies)

Same as Business Location ☐

BIL ID #: _____
Billing Name: _____
Billing Address: _____
City, State, ZIP: _____
Contact Name: _____
Contact Title: _____
Phone number: _____
Fax number: _____
Email: _____
Federal Tax ID: _____

Section III. Ownership Changes (to the Business Location listed in Section I.)

During the past year, have there been any of the following ownership changes? (Note: The current owner is responsible for reporting 12 months of gross revenue.)

a. Change in Identity (Name)	No <input type="checkbox"/> Yes <input type="checkbox"/>	New Name:	_____
b. Business closed	No <input type="checkbox"/> Yes <input type="checkbox"/>	Date of Closure:	_____
c. Change in Ownership	No <input type="checkbox"/> Yes <input type="checkbox"/>	Date of Opening/Change:	_____
d. New Business Location	No <input type="checkbox"/> Yes <input type="checkbox"/>	New Contact Information:	_____

Section IV.(a) Assessment Calculation (Note: if gross receipts for 12 months are less than \$1 million see Section V.)

For purposes of calculating the assessment for a business with a single FEIN number, that business may elect to be assessed based on the category and segment in which it earns the most gross revenue, or based on the rate of assessment applicable to each category or segment (Accommodations or Non-Accommodations rate.)

a. Enter the ending month and year for the 12 month period which you are reporting: (The period should reflect information filed on the business' annual tax return)	a) _____ <i>Example: accounting period ending December 2015, enter 12/15.</i>
b. Total Gross Receipts from all operations for the period which you are reporting:	b) _____
c. Complete assessment calculation worksheet below:	<i>If gross receipts are less than \$1 million for 12 months, see Section V.</i>

ASSESSMENT CALCULATION WORKSHEET:

GROSS RECEIPTS x PERCENT TOURISM x RATE = ASSESSMENT DUE

C1) Accommodations	\$	x	x .00195	=	\$
Including but not limited to hotels, resorts, motels, inns, lodging, campgrounds, RV parks, Dude ranches, etc.	Gross Accommodations Receipts: Enter portion of line "b" that is derived from accommodations receipts. *See "accommodation" explanation under Accommodations Rate.	Percentage of Tourism: <u>Round to nearest whole percentage.</u> Enter percentage of revenue from "travel and tourism" for accommodations receipts. ("Travel and tourism" defined in Section IV.(b))	Accommodations Rate: Inclusive of any charges in conjunction with on overnight stay.		Accommodations Assessment Fee: Per Accommodations Rate
C2) Non-Accommodations	\$	x	x .000975	=	\$
Including but not limited to restaurants, retail, attractions, travel services, etc.	Gross Non-Accommodations Receipts: Enter portion of line "b" that is derived from non-accommodations receipts.	Percentage of Tourism: <u>Round to nearest whole percentage.</u> Enter percentage of revenue from "travel and tourism" for non-accommodations receipts. ("Travel and tourism" defined in Section IV.(b))	Non-Accommodations Rate: Non-Accommodations: restaurant/retail, attractions/recreation, travel services, (not associated with services provided by an accommodation.)		Non-Accommodations Assessment Fee: Per Non-Accommodations Rate

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- d. Assessment Calculation: (sum of Assessment Fee from lines "C1" and "C2"): d) _____
- e. Does your business pass the assessment fee on to the customer? No ☐ Yes ☐ e) _____
If yes, enter the total amount collected from customers on line "e"
- f. Assessment Due: Enter the greater amount between lines "d" or "e": f) _____
If gross receipts entered on line "b" are less than a million, this business is considered exempt and no fees are due. See Section V.

Section IV.(b) - Explanation of Change in "Travel and Tourism" Revenue:

If your business has experienced a significant change in gross revenue or percentage of tourism, please provide a brief explanation below and submit relevant documentation with your assessment form. The definition of "Travel and Tourism Revenue" as stated within the California Code of Regulations, Title 10. Investment, Chapter 7.65, Tourism Marketing Act, Subchapter 1. Definitions, (ee), is:

"Travel and Tourism Revenue" means California Gross Receipts derived from expenditures to and/or within California by people who (1) travel at least fifty (50) miles from home, one way, for purposes other than commuting to work or school; or (2) have an overnight accommodation as part of the travel, regardless of the distance or purpose traveled. "Home" as used in this definition means the place where the person has resided for the most recent 31 consecutive days.

Section V. Documentation of Exempt Status

If any of the following provisions apply, check the appropriate box. A Tourism Assessment Form must be submitted in order for your exempt status to be determined. Additional documentation may be required. Any payment submitted from an exempt business is considered a contract for voluntary assessment and will not be subject to refund. (Government Code 13995.77 (d)).

- ☐ The business derives no California gross receipts from any industry segment. State business type: _____
- ☐ The business is a travel agency and/or a tour operator with less than 20% of revenue derived from travel within California.
- ☐ The business is a public entity or agency, i.e. government entity.
- ☐ The total gross receipts entered in Section IV.(a), line "b" is less than \$1,000,000. **Actual gross receipts must be entered to qualify.**
- ☐ Percentage of Tourism entered in Section IV.(a) is less than 1%. **Actual gross receipts must be entered to qualify.**

Section VI. Optional Payment of Maximum Assessment

- ☐ This business opts to pay the maximum assessment of \$500,000. (If amount collected from customer exceeds the maximum assessment, then total collected must be remitted to Office.)

Section VII. Certification

"I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct."

Date: _____

Signature of Authorized Representative: _____

Printed Name of Authorized Representative: _____

*Any person who files false information concerning an assessment is civilly liable in an amount of not more than ten thousand dollars (\$10,000),
In addition to any amount owed as the assessment pursuant to Government Code section 13995.81.*

Make checks payable to "California Travel and Tourism Commission."

Return the signed form and payment to our mailing address:

Office of Tourism
PO Box 101711
Pasadena, CA 91189-1711

When no payment is due, the signed form may be faxed to (916) 322-3402 or emailed to assessment@tourism.ca.gov. For further assistance, contact the Tourism Assessment Program at assessment@tourism.ca.gov or call (916) 322-1266.