



SONOMA COUNTY TAX COLLECTOR
P.O. Box 3879, Santa Rosa, CA 95402-3879
Phone (707) 565-7133 Fax (707) 565-1167

FOR TAX OFFICE USE ONLY
TOT # _____ DIST _____
APN _____
Orig Issue Date: _____
Rev Issue Date: _____

TRANSIENT OCCUPANCY TAX (TOT) REGISTRATION FORM
FOR PROPERTY MANAGERS

This form must be filed with the Sonoma County Tax Collector's Office prior to commencing business and/or when a change is made to this record. Please mail to the above address: Attention: TOT

Complete this form exactly as the property is to be registered

OWNER AND PROPERTY INFORMATION: This Registration is: **NEW PROPERTY** **INFORMATION UPDATE**

1. Property Name:	_____	
2. Owner Name(s):	_____	
3. Situs Address:	_____	
4. Owner Mail Address:	_____	
5. Owner Phone:	_____	6. Owner Email: _____
7. Ownership Type:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	
8. Start Date of Vacation Rental Operation _____	(by any Operator / Agent)	
9. Advertising Platforms:	<input type="checkbox"/> Airbnb <input type="checkbox"/> Airbnb Exclusive <input type="checkbox"/> VRBO/Home Away <input type="checkbox"/> FlipKey <input type="checkbox"/> Trip Advisor <input type="checkbox"/> Other _____	
10. Mgmt Type:	<input type="checkbox"/> Full Rep <input type="checkbox"/> Bookings <input type="checkbox"/> Self-Managed: (Owner-Op of 2 or more rentals as PM) <input type="checkbox"/> Contact Only	
11. Reporting Responsibility:	<input type="checkbox"/> PM Solo <input type="checkbox"/> Joint <input type="checkbox"/> SM Solo <input type="checkbox"/> Owner(s) Only	
12. Additional Owners, Partners, or Corporate Officers:	_____	
	Name	Title Address

13. Rental Information	Low	High	14. Facility Type: SELECT ONE OPTION
Rate per Night	[]	[]	<input type="checkbox"/> Primary <input type="checkbox"/> 2 nd Home
Number of Sleeping Rooms			<input type="checkbox"/> Hotel / Motel <input type="checkbox"/> Other Multi-Unit
Number of Rentable Units (Single Family Dwelling=1)			<input type="checkbox"/> RV / Mobile Park <input type="checkbox"/> Campground

15. **(INITIAL)** **I ACKNOWLEDGE I AM AWARE OF THE PERMIT REQUIREMENTS IN VACATION RENTAL ORDINANCE NO. 6145 AND MY RESPONSIBILITIES UNDER TOT ORDINANCES 5823 AND 6173.**

I, _____, hereby agree to abide by and conform to TOT Ordinances 5823 and 6173. I further acknowledge it is my responsibility, as property owner and/or Operator, to ensure the conduct of the vacation rental is not contrary to any covenant, code, ordinance or restriction which may govern the property on which the vacation rental is conducted.

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Owner's Printed Name: _____

Owner Signature: _____ **Date:** _____

16. PROPERTY MANAGER INFORMATION:

Property Manager: _____	PM ID: _____
Mailing Address: _____	
Business Phone: _____	Email: _____
Web Site: _____	17. Date Listing Added: _____

18. **AS PROPERTY MANAGER, I ACKNOWLEDGE I AM AWARE OF THE PERMIT REQUIREMENTS IN VACATION RENTAL**
(INITIAL) ORDINANCE NO. 6145 AND MY RESPONSIBILITIES UNDER TOT ORDINANCES 5823 AND 6173.

I declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge.

Property Manager's Printed Name: _____

Property Manager's Signature: _____ Date: _____

For Questions Regarding Registration or Quarterly Reports Contact the Tax Collector's Office at (707) 565-7133.
The Treasurer-Tax Collector's Office may share information with other County departments.

<i>FOR TAX OFFICE USE ONLY:</i>	<input type="checkbox"/> EX <input type="checkbox"/> DB <input type="checkbox"/> PM <input type="checkbox"/> INV <input type="checkbox"/> CRT/CPY <input type="checkbox"/> LTR <input type="checkbox"/> FRM <input type="checkbox"/> M <input type="checkbox"/> SCAN
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TRANSIENT OCCUPANCY TAX REGISTRATION FORM INSTRUCTIONS FOR PROPERTY MANAGERS

These instructions are for vacation rentals, represented by Property Managers, offering accommodations of one or more rooms or living spaces located in the unincorporated area of Sonoma County. All operators of facilities in an incorporated city within Sonoma County should contact that city for transient occupancy tax information.

Complete the TOT Registration Form as instructed here and return it to our office. We will then issue a Transient Occupancy Tax (TOT) Certificate for the rental property. The original Certificate must be displayed in a prominent place at the vacation rental. Operators operating without a valid TOT Certificate shall be guilty of a misdemeanor, which is punishable by a fine not to exceed five hundred dollars (\$500.00) or imprisonment for a term not to exceed six (6) months, or by both such fine and imprisonment. Each day of operation without a valid TOT Certificate shall be deemed a separate offense.

Instructions for completing the TOT Registration for Property Managers:

1. **Property Name:** This name will appear on the Certificate. This is the registered name of the property, usually a descriptive or marketing reference, for example "The Little Red House". It does not need to be a legally registered name. If left blank, the property's situs will appear on the TOT Certificate as the Property Name.
- 2-6. **Owner(s)' Contact Information:** Provide Owner(s)' contact information and Property Address (Situs Address).
7. **Ownership Type:** Identify ownership of the business or rental property.
8. **Start Date of Vacation Rental Operation:** Enter the date the Owner(s) first placed or will place the property in operation as a vacation rental, whether under your management, another agent, or on their own. Leave blank if unknown.
9. **Advertising Platforms:** Provide all advertising platforms to be used for the rental property.
10. **Mgmt Type:** Indicate the type of management you provide: **"Full Rep"**: You handle all bookings, advertising, collection of rent and TOT, and file TOT Returns on behalf of the Owner(s). **"Bookings"**: You handle some bookings and some property services, you collect rents; however, the Owner also handles bookings and collects rents. Both parties must file TOT Returns. **"Self-Managed"**: You are the Owner and Operator of 2 or more rentals and you are solely responsible for all bookings, management, and filing of TOT Returns. **"Contact Only"**: You are the local contact person for this property, but the Owner manages all bookings, rentals, and files TOT Returns.
11. **Reporting Responsibility:** **"PM Solo"**: The Property Manager will have sole responsibility for filing and reporting TOT on behalf of the Owner(s). **"Joint"**: Both the Owner and the Property Manager will each file and report TOT for rentals managed by each party. **"SM Solo"**: For Self-Managed properties; the Owner(s) will file TOT Returns for all properties as a Property Manager. **"Owner(s) Only"**: The Owner(s) will have sole responsibility for filing TOT Returns. (Note: In all cases the ultimate responsibility falls upon the Owner/Operator to be in compliance with the TOT Ordinances.)
12. **Additional Owners, Partners, or Corporate Officers:** Enter any additional Owner(s) or Corporate designations as applicable to the status of ownership for the vacation rental.
13. **Rental Information:** Provide the rate per night (low and high), number of sleeping rooms, and number of rentable units. Note: A Single Family Dwelling counts as 1 rentable unit.
14. **Facility Type:** Check the appropriate box for the type of facility that best describes the property.
15. **Owner's Acknowledgement and Sign-Off:** Property owner(s) must initial to indicate their awareness of the permit requirements of Vacation Rental Ordinance No. 6145 and their responsibilities under TOT Ordinances 5823 and 6173. They must also sign under penalty of perjury that the information contained on the Registration Form is true and correct.
16. **Property Manager Information:** Enter the requested Property Manager contact information as outlined in this section.
17. **Date Listing Added:** Enter the date you added the property to your inventory of listings.
18. **Acknowledgement:** Initial to indicate the Property Manager's (PM) awareness of the permit requirements of Vacation Rental Ordinance No. 6145 and its responsibilities under TOT Ordinances 5823 and 6173. Please sign and date this section. Your signature signifies you are an authorized representative or agent of the Owner(s).

Tax reporting is mandatory on a quarterly basis. The Tax Collector provides Operators with a quarterly Tax Return which must be completed and returned to the Tax Collector's Office with the Property Manager's Detail Report attached, with the appropriate tax amount, and postmarked on or before the due date for the reporting quarter. It is the Operator's responsibility to file on time, whether or not a Tax Return is received from our office. Even if no rents are collected for the rental during the quarter, \$0.00 must be reported for the rental. Failure to submit the quarterly Tax Return and monies due will result in penalties and interest and further collection activity. Continued delinquency may result in the Operator being required to post a security bond and possible revocation of their TOT Certificate. Operator records are subject to annual audits by the Sonoma County Auditor-Controller. These records are to be made available upon reasonable request and must be retained for a period of five (5) years.

Visit our website at <http://sonomacounty.ca.gov/ACTTC/Revenue-Accounting/Transient-Occupancy-Taxes/> for Tax Returns and additional TOT information. Copies of the Sonoma County Transient Occupancy Tax Ordinances are available upon request, or on our website. It is recommended that Operators read and comply with the Ordinances.

Please direct all questions regarding Transient Occupancy Taxes and related matters to:

SONOMA COUNTY TAX COLLECTOR
ATTN: TOT
P.O. BOX 3879
SANTA ROSA, CA 95402-3879
(707) 565-7133 / FAX: (707) 565-1167 / Email: tot@sonoma-county.org