

**OFFICE OF TOURISM**

P.O Box 101711  
Pasadena, CA 91189-1711

Phone: 916.322.1266  
Fax: 916.322.3402  
californiatourism.ca.gov



**PASSENGER CAR RENTAL INDUSTRY  
TOURISM ASSESSMENT FORM 2016/17**

Section I. Parent or Billing Information

BIL ID # \_\_\_\_\_  
 Name of Company \_\_\_\_\_  
 Contact Name/Title \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Email Address \_\_\_\_\_

Section II. Assessment Calculation:

a. Tourism ID # \_\_\_\_\_  
 b. Enter the ending month and year: \_\_\_\_\_  
 c. Enter your revenue\* for the month identified above: \_\_\_\_\_  
 d. Multiply line "c" by the assessment rate of 0.035. x 0.035  
 e. Assessment calculation: \$ \_\_\_\_\_  
 f. Enter amount collected from the customer: \$ \_\_\_\_\_  
 g. Total Assessment Due (greater of line "e" or "f") \$ \_\_\_\_\_

Payment is due to the Office within 25 days of each month end.

Section II. Assessment Calculation:

a. Tourism ID # \_\_\_\_\_  
 b. Enter the ending month and year: \_\_\_\_\_  
 c. Enter your revenue\* for the month identified above: \_\_\_\_\_  
 d. Multiply line "c" by the assessment rate of 0.035. x 0.035  
 e. Assessment calculation: \$ \_\_\_\_\_  
 f. Enter amount collected from the customer: \$ \_\_\_\_\_  
 g. Total Assessment Due (greater of line "e" or "f") \$ \_\_\_\_\_

Payment is due to the Office within 25 days of each month end.

Section II. Assessment Calculation:

a. Tourism ID # \_\_\_\_\_  
 b. Enter the ending month and year: \_\_\_\_\_  
 c. Enter your revenue\* for the month identified above: \_\_\_\_\_  
 d. Multiply line "c" by the assessment rate of 0.035. x 0.035  
 e. Assessment calculation: \$ \_\_\_\_\_  
 f. Enter amount collected from the customer: \$ \_\_\_\_\_  
 g. Total Assessment Due (greater of line "e" or "f") \$ \_\_\_\_\_

Payment is due to the Office within 25 days of each month end.

Section II. Assessment Calculation:

- a. Tourism ID # \_\_\_\_\_
- b. Enter the ending month and year: \_\_\_\_\_
- c. Enter your revenue\* for the month identified above: \_\_\_\_\_
- d. Multiply line "c" by the assessment rate of 0.035. x 0.035
- e. Assessment calculation: \$ \_\_\_\_\_
- f. Enter amount collected from the customer: \$ \_\_\_\_\_
- g. Total Assessment Due (greater of line "e" or "f") \$ \_\_\_\_\_

Payment is due to the Office within 25 days of each month end.

Section II. Assessment Calculation:

- a. Tourism ID # \_\_\_\_\_
- b. Enter the ending month and year: \_\_\_\_\_
- c. Enter your revenue\* for the month identified above: \_\_\_\_\_
- d. Multiply line "c" by the assessment rate of 0.035. x 0.035
- e. Assessment calculation: \$ \_\_\_\_\_
- f. Enter amount collected from the customer: \$ \_\_\_\_\_
- g. Total Assessment Due (greater of line "e" or "f") \$ \_\_\_\_\_

Payment is due to the Office within 25 days of each month end.

Section II. Assessment Calculation:

- a. Tourism ID # \_\_\_\_\_
- b. Enter the ending month and year: \_\_\_\_\_
- c. Enter your revenue\* for the month identified above: \_\_\_\_\_
- d. Multiply line "c" by the assessment rate of 0.035. x 0.035
- e. Assessment calculation: \$ \_\_\_\_\_
- f. Enter amount collected from the customer: \$ \_\_\_\_\_
- g. Total Assessment Due (greater of line "e" or "f") \$ \_\_\_\_\_

Payment is due to the Office within 25 days of each month end.

Section III. Certification

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

\_\_\_\_\_  
Signature of Authorized Representative      Date

\_\_\_\_\_  
Printed Name of Authorized Representative

Make checks payable to the "California Travel and Tourism Commission" and mail with form to:

Office of Tourism  
P.O. Box 101711  
Pasadena, CA 91189-1711

\*Revenue is as defined in Title 10, California Code of Regulations section 5350(aa)