City of Santa Barbara
Accounts Receivable
P.O. Box 1990
Santa Barbara, CA 93102
AccountsReceivable@SantaBarbaraCA.gov
(805)564-5346

Transient Occupancy Tax (TOT) Refund Request Form

This form must be completed by the hotel or operator requesting a refund or credit of overpayment of the Transient Occupancy Tax (TOT) or Tourism Business Improvement District (TBID) Assessment. *This form is not meant to request a refund of taxes paid by tax-exempt persons or entities.* This Refund Request Form must be completed and submitted to the Finance Accounts Receivable office via email or mail within 90 days after the tax payment has been received.

Check the appropriate box for tax refund or credit type:

- ☐ Refund or credit due to overpayment of Transient Occupancy Tax (TOT)
- ☐ Refund or credit due to overpayment of Tourism Business Improvement District (TBID) Assessment
- ☐ Refund or credit due to overpayment of TOT & TBID

Complete the following fields for the refund request:

Business Name:_____ TOT Account Number:_____

Physical Address:_____ Remittance Month/Year:_____

Contact Email:_____ Contact Phone:_____

Requested Credit Amount: $_____ ***or*** Requested Refund Amount: $_____

Include the following documents with submission of the Refund Request Form. Incomplete information and documentation may result in disallowed refund or credit:

- ☐ Original monthly Transient Occupancy Tax filing for the hotel, motel, or short-term rental business
- ☐ Amended monthly Transient Occupancy Tax filing for the hotel, motel, or short-term rental business
- ☐ Receipt(s) or folio from the hotel/motel/short term rental for the remittance period for which the refund is being requested

Certification Statement

I declare under penalty of perjury, that I am the authorized representative of the above business, and the foregoing information and tax calculations are true to the best of my knowledge.

_____	_____	_____
Print Name	*Signature*	*Date*

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