

Section I. Business Location

Tourism ID # _____
 Business Name: _____
 Business Address: _____
 City, State, ZIP: _____

Section II. Parent or Billing Information (if applicable)

Same as Business Location address
 Bil ID # _____
 Billing Name: _____
 Billing Address: _____
 City, State, ZIP: _____

Section III. Business Information

Industry Segment Code: _____ Federal Tax Identification No: _____
(See Industry Categories/Segment List)
 Contact Name/Title _____
 Name of Company _____
 Mailing Address _____ City, State, Zip _____
 Phone No. _____ Fax No. _____ Email Address _____

Section IV. Ownership Changes

During the past year, have there been any of the following ownership changes:

- (a) Change in ownership No Yes (c) Change in Identity (Name) No Yes
 (b) Merger No Yes (d) Business Closed No Yes

If yes to any of the above, include the following:

Date of change: _____ New Business Name: _____
 New owner's name and address: _____

Section V. Assessment Calculation

- a. Enter the ending month and year of the accounting period from the most recently filed tax return for this business. (For example, for the calendar year 2005, enter 12/05.) a _____
(Month/Year)
 b. Enter the percentage of revenue derived from Travel and Tourism at this business location: b _____ %
 Round to the nearest whole percentage number, i.e. if 89.5% enter 90%, if 89.4% enter 89%, and use the whole percentage number in calculating the amount due.

This assessment is only for a one-year period. Complete the applicable section based on the year the revenue was earned: Section V(i) for 2005 revenue and Section V(ii) for 2006 revenue. If revenue reported for the one-year period was earned in 2005 and 2006, i.e. July 2005 to June 2006, complete both sections and identify the revenue earned in each year.

Section V (i) – Complete if reporting any revenue generated PRIOR to 01-01-2006

- c. Enter the California gross receipts earned PRIOR to 01-01-2006 for the accounting period identified above for this Business Location, if any. c. _____
 d. Assessable Revenue for revenue PRIOR to 01-01-2006: (Multiply line “b” by line “c”) d. \$ _____
 e. Multiply line “d” by the assessment rate of **.00045**. e. x .00045
 f. **Assessment Amount Due** for Revenue earned prior to 01-01-06 f. \$ _____

Section V (ii) – Complete if reporting any revenue generated AFTER 01-01-2006

- g. Enter the California gross receipts earned AFTER to 01-01-2006 for the accounting period identified above for this Business Location, if any. g. _____
 h. Assessable Revenue for revenue AFTER to 01-01-2006: (Multiply line “b” by line “g”) h. \$ _____
 i. Multiply line “h” by the assessment rate of **.00065**. i. x .00065
 j. **Assessment Amount Due** for Revenue earned after to 01-01-06 j. \$ _____
 k. Total Assessment (add line “f” and “j”) k. \$ _____

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Section VI. Determination of Exempt Status:

If any of the following provisions apply to your business, please check the appropriate box.

- The business, including any part of the business operation, is not on the Industry Segment List.
State Business Type: _____
- The business is a travel agency and/or a tour operator and less than twenty percent of revenue is from travel within California.
- Your business is a public entity or agency, i.e. government entity.
- If Line b, in Section V is less than 8%, you are an exempt business location.
- If the total of the amounts entered on Line "c" and "g" in Section V. are less than \$1,000,000, you are an exempt business.

**If you checked any of the boxes above, you are currently an exempt business location status. Go to Section VIII.
Please note that you may be required to provide documentation demonstrating your exempt status.**

Section VII. Optional Payment of Maximum Assessment.

- This business opts to pay the maximum assessment of \$250,000. Enter \$250,000 on Line 7a. 7a _____

Section VIII. Certification

I certify and declare, under penalty of perjury, that the information contained herein is true and correct to the best of my knowledge and that I am authorized to sign this form.

Signature of Authorized Representative

Date

Printed Name of Authorized Representative

A person who provides false information is civilly liable for up to \$10,000 in addition to the amount of the assessment pursuant to government code section 13995.81.

Section IX. Optional: Marketing Material

To whom do you want California Travel and Tourism Commission marketing material sent? Same as Contact Person.

Name/Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

**Make Checks Payable to "California Travel and Tourism Commission"
And return the form and payment, if applicable, to:**

**California Business, Transportation and Housing Agency
Tourism Assessment Program
P.O. Box 2007, Sacramento, CA 95812-2007
Fax Number (916) 322-3402**

For assistance, call (916) 322-1266 Monday through Friday 8:00 a.m. to 5:00 p.m. Or visit our Web site at www.visitcalifornia.com. Click on "Assessment" for additional forms and information about the Assessment Program.