CTCA 047 (7/2009)

TOURISM ASSESSMENT FORM 2009/10

STATE OF CALIFORNIA
OFFICE OF TOURISM

*****FILE ONE FORM FOR EACH BUSINESS LOCATION*****

Section I. Business Location

☐ New Business Location

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

Contact Name: _____
Contact Title: _____
Phone number: _____
Fax number: _____
Email: _____

Industry Segment Code: _____
(See Industry Categories/Segment List)

Federal Tax Identification #: _____

Section II. Parent or Billing Information (If applicable)

☐ Same as Business Location

BIL ID # _____
Billing Name: _____
Billing Address: _____
City, State, ZIP: _____

Contact Name: _____
Contact Title: _____
Phone number: _____
Fax number: _____
Email: _____

Federal Tax Identification #: _____

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:

(a) Change in Identity (Name) No ☐ Yes ☐ New business name: _____
(b) Business Closed No ☐ Yes ☐ Date of closure: _____
(c) Change in Ownership No ☐ Yes ☐
Date of change: _____
New owner's name and address: _____

Section IV. Assessment Calculation *****FILE ONE FORM FOR EACH BUSINESS LOCATION*****

a. Enter the ending month and year of the accounting period from the most recently filed tax return for this business location. (For example, for the calendar year 2008, enter 12/08) — a. _____ (Month/Year)

b. Enter the California gross receipts earned for the accounting period identified on Line "a" for this business location. — b. _____

c. Enter the percentage of revenue derived from travel and tourism at this business location. Round to the nearest whole percentage, i.e. if 89.5% enter 90%. — c. _____% (Whole percentage only)

d. Assessable Revenue: (Multiply Line "b" by Line "c") — d. $_____

e. Multiply Line **"d"** by the assessment rate of .00065. — e. x .00065

f. Assessment Amount Due — f. $_____

Section V. Determination of Exempt Status

Documentation may be required to support your exempt status. If any of the following provisions apply, check the appropriate box.

☐ The business is not on the Industry Segment List. 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 on Line "b" in Section IV is less than $1,000,000. ***Actual gross receipts must be entered to qualify.***
☐ Line c, in Section IV is less than 1%.

A payment received for an assessment based on revenues of less than $1,000,000 will be considered a voluntary payment.

2009/10 Tourism Assessment Form Due Date: **August 31, 2009**

Section VI. Optional Payment of Maximum Assessment

☐ This business opts to pay the maximum assessment of $250,000.

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 _____

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 VIII. Optional: Marketing Material

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

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Make checks payable to "California Travel and Tourism Commission" (CTTC)
Return the signed form and payment to:

Business, Transportation and Housing Agency
Tourism Assessment Program
P.O. Box 2007
Sacramento, CA 95812-2007

When no payment is due, the signed form may be faxed to: (916) 322-3402.

For further assistance, contact the Tourism Assessment Program at assessment@tourism.ca.gov or call (916) 322-1266 to speak with an Assessment Analyst. Please provide your Tourism ID number when corresponding or calling.

Thank you for your participation in the Tourism Assessment Program.