Section I. Business Location

**File one form for each location

Tourism ID # _____

Business Name: _____

Business Address: _____

_____

Section II. Parent or Billing Information (if applicable)

❑ Same as Business Location address

Bill ID # _____

Billing Name: _____

Billing Address: _____

City, State, ZIP: _____

Section III. Business Information

Industry Segment Code: _____

(See Industry Categories/Segment List)

Federal Tax Identification No: _____

(If using a Social Security Number, list "SS#" here, not the actual number, due to Public Privacy Act)

Contact Name/Title _____

Name of Company _____

Mailing Address _____ City, State, Zip _____

Phone No. _____ Fax No. _____ Email Address _____

Section IV. Ownership Changes -

**File one form for each location

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 2007, enter 12/07.) If any portion of the tax year reported on this form is for revenue earned in 2005, use Addendum A, available on our website at www.visitcalifornia.com. — 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 number, i.e. if 89.5% enter 90%, if 89.4% enter 89%. Use the whole percentage number in calculating the amount due. — c. _____ %

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. $** _____

A business that pays the tourism assessment based on revenues less than $1,000,000 will be considered a voluntary payment.

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 c, in Section V is less than 1%, you are an exempt business location.

❑ If the total revenue entered on Line "b" in Section V. is less than $1,000,000, you are an exempt business.
However, you must list actual gross receipts in Section V, Line b, to qualify for exemption.

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

2008/09 Tourism Assessment Form Due Date: **March 06, 2009**

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, including Addendum A and information about the Assessment Program. To complete the Tourism Assessment Form online go to: http://b2b.visitcalifornia.com.