



# CITY OF BURBANK

## Tourism Business Improvement District (T-BID) Return Form

The T-BID annual assessment rate is 0.01 (1%) of the gross short term rental revenue per night for lodging businesses. Assessments will not be collected on stays of 31 or more consecutive days, nor on foreign or domestic government employees on government businesses. Stays of 30 or more consecutive days that are prepaid by the guest will also be exempt. For failure to pay by the amount prior to the due date, the lodging provider is subject to paying a penalty on the tax due. The initial penalty is ten percent (10%) of the amount due. Further delinquency of 30 days after the delinquent date is subject to a penalty of twenty percent (20%), in addition to the penalty first impose of ten percent (10%). In addition to the penalties imposed shall pay interest at the rate of two percent (2%) per month of fraction thereof on the amount of tax from the date on which remittance first became delinquent until paid. *Change of ownership, suspension, or disposal of business must be reported to us immediately.*

FILE ONLINE AT: <https://burbank.hdlgov.com/>

ACCOUNT NO: \_\_\_\_\_

Lodging Establishment Name and Address \_\_\_\_\_

Reporting Period (MM / YYYY) \_\_\_\_\_

Number of Rooms Rented During the Period \_\_\_\_\_

Number of Rooms Available During the Period \_\_\_\_\_

**This return is subject to audit:**

1. Gross Rent Paid for Lodging		1. \$ _____
2. Less Allowable Deductions		2. \$ _____
(a) Rent for occupancy by permanent residents (one who occupies or has right of occupancy at least 30 consecutive days)	2a. \$ _____	
(b) Government Exemptions	2b. \$ _____	
3. Net Taxable Rent: (Line 1 minus Line 2)		3. \$ _____
4. T-BID Tax (1% or 0.01 x Line 3)		4. \$ _____
5. T-BID Penalty (Line 4 x 10% or 0.10 applied if paid within 30 days after the delinquent date. If paid more than 30 days after the delinquent date, add an additional 20% or 0.20 to the tax due)		5. \$ _____
6. T-BID Interest (Line 4 x 2% or 0.02 applied on the day after the due date)		6. \$ _____
<b>TOTAL AMOUNT DUE (Add Line 4 through Line 6)</b>		
		<b>TOTAL \$ _____</b>

I declare under penalties prescribed that the information provided in this return is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

Please make check payable to: **City of Burbank**  
 Mail to: City of Burbank TOT Processing Center  
 8839 N. Cedar Ave #212 • Fresno, CA 93720  
 Need assistance? Email us at: [BurbankTOT@hdlgov.com](mailto:BurbankTOT@hdlgov.com)  
 Ph: (818) 303-1096

**\*\* Term Exclusion:** For stays of more than thirty (30) continuous days or 30 consecutive days stay. In the absence of a prior written contract, the tax must be collected for the first 30 days.