San José Hotel Business Improvement District Fee Remittance Form

The San José Hotel Business Improvement District Fee ("SJHBID") is imposed on all hotels/motels with 80 OR MORE GUEST ROOMS located within the city limits of the City of San José. The SJHBID Fee is based on the distance of the hotel/motel from the San José McEnery Convention Center ("SJMCC") located at 150 W. San Carlos Street, San José, CA 95113, and the San José International Airport is located at 1701 Airport Blvd. San José, CA. 95110. The rates are broken down below by zone.

Hotel/Motel Name:

Address:

Reporting Period (Monthly or Quarterly):   Year

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sept | Oct | Nov | Dec |

1st Qtr (Jan-Mar)   2nd Qtr (Apr-Jun)   3rd Qtr (Jul-Sept)   4th Qtr (Oct-Dec)

Calculation of Remittance

1. Total number of occupied rooms for the reporting period

2. Total number of rooms occupied for 31 or more consecutive days

3. Total number of rooms occupied by Foreign and/or Federal Government employees on official business.

4. Total Exemptions and Adjustments * (Sum of Line 2 + Line 3)

5. Total number of occupied rooms subject to SJHBID fee (Subtract Line 4 from Line 1)

6. San José Hotel Business Improvement District Fees (Multiply Line 5 by applicable Zone Rate)

Zone A: $2.50 per occupied room per night for hotels/motels located within one (1) mile of the SJMCC

Zone B: $1.25 per occupied room per night for hotels/motels located within one and one-half (1.5) miles of the San José International Airport

Zone C: $1.00 per occupied room per night for hotels/motels located over one (1) mile from the SJMCC and over one and one-half (1.5) miles from the San José International Airport.

7. First Penalty: 1-30 days late (10% of Line 6)

8. Interest: If remitted within 30 days from due date
    (Number of Days Past Due x 0.0004931507 x [sum of Line 6 + Line 7])

9. Second Penalty: Over 30 days late (additional 10% of Line 6)

10. Interest: If remitted more than 30 days after due date
    (Number of Days Past 30 Days x 0.0004931507 x [sum of Line 6 + Line 7 + Line 9])

11. Total Due: (Add line 6 through 10)

I declare, under penalty of perjury, that the information contained herein, and attached, is true and correct to the best of my knowledge.

| Signature | Name | Title |

| Phone Number | Address | Date |

Itemize and explain Total Exemptions and Adjustments (Line 4) on attached document(s).