



## Transient Room Tax Remittance

Business Name\_\_\_\_\_

Mailing Address\_\_\_\_\_

Business Location\_\_\_\_\_Central Point Oregon

Gross Rents

1. Month of \_\_\_\_\_ \$ \_\_\_\_\_  
2. Month of \_\_\_\_\_ \$ \_\_\_\_\_  
3. Month of \_\_\_\_\_ \$ \_\_\_\_\_

4. **Quarter Totals** \$ \_\_\_\_\_

5. Less Government exempt rents\* \$(\_\_\_\_\_)

6. Total Taxable Rents \$ \_\_\_\_\_

7. Room Tax 9% of Taxable Rents \$ \_\_\_\_\_

8. Less 5% Collection Fee of Tax \$(\_\_\_\_\_)

9. Tax Due (15 days after Quarter Ends) \$ \_\_\_\_\_

10. Penalty (10% of Tax due if Late) \$ \_\_\_\_\_

11. Interest (1% per month of Tax if Late) \$ \_\_\_\_\_

12. **TOTAL REMITTANCE** \$ \_\_\_\_\_

*I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are correct and true.*

Signed\_\_\_\_\_

Title\_\_\_\_\_

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

Date\_\_\_\_\_

**\*Note:**

*It is the responsibility of the Hotel/Motel management to retain and provide documentation supporting the government room rates given this exemption. Documentation must be provided upon request from the City.*