

# CITY OF DEPOE BAY

## Transient Lodging Tax Remittance Form

\*\*To report multiple locations, please use the Multiple Locations Reporting Form  
located on our website: [cityofdepobay.org](http://cityofdepobay.org)

Phone: 541-765-2361

Email: [accounting@cityofdepobay.org](mailto:accounting@cityofdepobay.org)

### OFFICE USE ONLY

Date received

Receipt number

### Account Information

Name of property/business (including Doing Business As)

Reporting quarter

Property address

Reporting year

Name of transient room tax contact

Phone number

Email address

**FORM DUE QUARTERLY BY THE 15<sup>TH</sup> FOR THE PRECEDING QUARTER, EVEN IF NO GROSS RENT WAS RECEIVED**

|   |     |     |
|---|-----|-----|
| 1. <b>Gross rent</b> .....  | 1.  | \$  |
| 2. Allowable exemptions:  |     |     |
| 2a. Monthly rent (greater than 30 consecutive days)..             | 2a. | \$  |
| 2b. Rent from authorized Federal employees .....                  | 2b. | \$  |
| 2c. Rent from transient lodging intermediaries .....              | 2c. | \$  |
| 2d. Other exemptions (please explain) .....                       | 2d. | \$  |
| 3. <b>Total allowable exemptions</b> (sum of lines 2a through 2d) | 3.  | \$  |
| 4. <b>Taxable rent</b> (line 1 minus line 3) .....                | 4.  | \$  |
| 5. Tax rate .....   | 5.  | 12% |
| 6. Tax due (line 4 multiplied by line 5) .....                    | 6.  | \$  |
| 7. Excess tax collected .....                                     | 7.  | \$  |
| 8. Total tax collected (line 6 plus line 7) .....                 | 8.  | \$  |
| 9. Rebate rate for administrative costs .....                     | 9.  | 5%  |
| 10. Rebate amount (line 8 multiplied by line 9) .....             | 10. | \$  |
| 11. <b>Net tax due</b> (line 8 minus line 10) .....               | 11. | \$  |
| 12. Penalties .....   | 12. | \$  |
| 13. Interest .....  | 13. | \$  |
| 14. Previous balance .....  | 14. | \$  |
| 15. <b>TOTAL DUE</b> (sum of lines 11 through 14) .....           | 15. | \$  |

I declare, under penalty of false swearing, that to the best of my knowledge, the information herein is true, correct, and complete.

Signature

Title

Date

**Print completed form and mail with payment to:**

MAKE CHECK OR MONEY ORDER PAYABLE TO CITY OF DEPOE BAY. To pay by Visa or MasterCard, email your form to [accounting@cityofdepobay.org](mailto:accounting@cityofdepobay.org) and call in your payment to 541-765-2361.