



# Transient Lodging Tax Report

Period Ending: \_\_\_\_\_

Due Date: \_\_\_\_\_

Number of Rooms: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

<i>Payment Schedule</i>	
<b>Months of Rental:</b>	<b>Payment Due:</b>
Jan, Feb, March	April 15 <sup>th</sup>
April, May, June	July 15 <sup>th</sup>
July, August, Sept	October 15 <sup>th</sup>
Oct, Nov, Dec	January 15 <sup>th</sup>

Month	Total Gross Room Revenue	LESS		Sub-Total	Tax at 7%	Total Tax Due
		Exemptions	On-Line Bookings			
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						

Total Tax Due..... \$ \_\_\_\_\_  
 Less 5% Collection Fee..... \$ \_\_\_\_\_  
 Penalty..... \$ \_\_\_\_\_  
 Interest..... \$ \_\_\_\_\_  
 Adjustments (prior overpayment or shortage)..... \$ \_\_\_\_\_  
 Total Tax, Penalty and Interest..... \$ \_\_\_\_\_

Fill out this form completely and correctly, including penalties and interest for delinquency. To avoid a penalty, be sure the proper remittance is enclosed. **Make checks payable to Baker County.** Please retain a copy of this report for your records. **Change of address must be filed and reported immediately to the finance department. If the business is closed or suspended, a closing report must be filed immediately.**

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Business Name:** \_\_\_\_\_

Please Remit To: Baker County Administrative Services, 1995 Third Street, Baker City, OR 97814  
 For Questions Contact: Shelly Christensen (541) 523-8209  
 email: schristensen@bakercountyor.gov