



CITY OF
MONMOUTH, OREGON

151 Main Street W.
Monmouth, OR 97361
Phone: (503) 838-0722 Fax: (503) 838-0725

**TRANSIENT
LODGINGS
TAX**

FORMS MUST BE RETURNED EVEN IF NO GROSS RENTS WERE RECEIVED

Entity Name: _____
Preparer Name: _____
Street address: _____ Monmouth, Oregon 97361

Account No: 1018-03
Tax Year: _____ **Quarter:** _____
Due Date: 15 days after the tax period end date

<input type="checkbox"/> 1: Jan, Feb, Mar
<input type="checkbox"/> 2: Apr, May, Jun
<input type="checkbox"/> 3: Jul, Aug, Sep
<input type="checkbox"/> 4: Oct, Nov, Dec

PLEASE MAKE SURE THIS FORM INCLUDES THE PREPARER'S NAME AND TITLE

1.	GROSS RENT	\$ <input style="width: 80%;" type="text"/>
2.	Allowable Exemptions (see instructions)	
	a. Rent (by month)	\$ <input style="width: 80%;" type="text"/>
	b. Rent paid through Facilitator	\$ <input style="width: 80%;" type="text"/>
	c. Rent from authorized federal employees	\$ <input style="width: 80%;" type="text"/>
	d. Food/Day Use Charges	\$ <input style="width: 80%;" type="text"/>
	e. A local disaster/declared emergency	\$ <input style="width: 80%;" type="text"/>
3.	Total Allowable Exemptions (Sum Lines a, b, c, d, e)	\$ <input style="width: 80%;" type="text"/>
4.	Taxable Rents (Line 1 minus Line 3)	\$ <input style="width: 80%;" type="text"/>
5.	Tax Rate for City of Monmouth: 9.0%	
6.	Tax due (Multiply Line 4 by 0.09)	\$ <input style="width: 80%;" type="text"/>
7.	Add Excess Tax Collected	\$ <input style="width: 80%;" type="text"/>
8.	Total of Lines 6 and 7	\$ <input style="width: 80%;" type="text"/>
9.	Collection Fee: 5.0%	
10.	Less Collection Fee (Multiply Line 8 by 0.05)	\$ <input style="width: 80%;" type="text"/>
11.	Net Tax due (Line 8 minus Line 10)	\$ <input style="width: 80%;" type="text"/>
12.	Penalty	\$ <input style="width: 80%;" type="text"/>
13.	Interest	\$ <input style="width: 80%;" type="text"/>
14.	Previous Balance due	\$ <input style="width: 80%;" type="text"/>
15.	TOTAL DUE	\$ <input style="width: 80%;" type="text"/>

ENTER PAYMENT AMOUNT ENCLOSED:

Signature _____	Title _____
DECLARATION: I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are correct, true, and complete.	

PLEASE MAKE CHECKS AND MONEY ORDERS PAYABLE TO CITY OF MONMOUTH.