



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

Name & Address:

Account No:

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

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.