

CITY OF LA PINE

PO Box 2460
La Pine, OR 97739
541-536-1432

TRANSIENT ROOM TAX REPORTING FORM

NAME: _____

ACCOUNT NO. _____

ADDRESS: _____

PERIOD COVERED _____

DUE DATE: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

Number of Taxable Homes/Units _____

CHANGE OF ADDRESS must be filed and reported immediately to the City of La Pine.

IF BUSINESS IS DISPOSED OF OR SUSPENDED, you must file a final "Transient Room Tax Reporting Form" and remit payment for the tax due with the City of La Pine. Please note on the form that this is the final report. No change of ownership can be recorded until this is done.

CHECKS AND MONEY ORDERS in the exact amount of tax due are accepted by the City of La Pine and do not constitute payment until cleared. City of La Pine assumes no responsibility for loss in transit.

REMITTANCE: Avoid penalty - be sure "TOTAL AMOUNT OF TAX DUE" is enclosed.

**MAKE CHECKS PAYABLE
TO
CITY OF LA PINE**

CALCULATION SECTION			
1. TOTAL GROSS RENT (Includes cleaning fees and recreation fees)	1.		\$
a. Number of Available Room Nights	1a.		
b. Number of Room Nights Rented	1b.		
2. LESS: ALLOWABLE DEDUCTIONS			
a. Rents and fees for stays over 30 days	2a.		\$
b. Recreation Fees for use of Destination Resort Facility	2b.		\$
c. Other	2c.		\$
Description _____			
3. Total Allowable Deductions (add lines 2a, 2b, & 2c)	3.		\$
4. Taxable Rent (subtract line 3 from line 1)	4.		\$
5. Tax Rate	5.	x .07	
6. Tax Due (multiply line 4 by 7%)	6.		\$
7. Collection Reimbursement Fee Rate of 5% (operator to retain)	7.	x .05	
8. Less Collection Reimbursement Fee (Multiply line 6 by line 7)	8.		\$
9. NET TAX DUE (subtract line 8 from line 6)	9		\$
PENALTIES AND INTEREST IF TAX IS NOT PAID BY THE END OF THE MONTH IN WHICH THE TAX IS DUE			
10. Penalty (10% of line 9 plus 15% of line 9 if additional 30 days past due)	10.		\$
11. Interest (1/2 of 1% of line 9 per month)	11.		\$
12. Adjustment for Prior Shortage or Overpayment	12.		\$
13. TOTAL PENALTY, INT., AND ADJUSTMENTS (add lines 10, 11, & 12)	13.		\$
14. TOTAL AMOUNT OF TAX DUE (add lines 9 & 13)	14.		\$
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 _____ DATE _____			

Reports are due and payable on the fifteenth (15th) day of the month for the preceding month. When the monthly amount of tax due is \$50 or less, the operator has the option of submitting reports quarterly.

THIS IS YOUR ORIGINAL PLEASE MAKE COPIES TO SEND WITH CHECK AND FOR YOUR FILES