



Transient Lodging Tax Remittance Form

Business Name: _____

Address: _____

Reporting Quarter: _____ Reporting Year: _____

| | |
|--|-------|
| Total Room Receipts: | _____ |
| LESS Adjustments (rentals over 30 days): | _____ |
| TOTAL Taxable receipts: | _____ |
| Amount of Tax (6% of Taxable Receipts*): | _____ |
| LESS Collection Expense (5% of Tax Collected): | _____ |
| TOTAL Tax Due | _____ |

Preparer Info:

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.

Name: _____

Phone: _____ Date: _____

Payments are due on or before the last business day of the month following the end of each calendar quarter.

| Quarter | Dates included | Payment Due Date |
|-------------|-------------------------|------------------|
| 1st Quarter | January 1 - March 31 | April 30 |
| 2nd Quarter | April 1 - June 30 | July 31 |
| 3rd Quarter | July 1 - September 30 | October 31 |
| 4th Quarter | October 1 - December 31 | January 31 |

Checks should be made payable to: City of Gladstone
Accounts Receivable
18505 Portland Ave
Gladstone, OR 97027

*Rate effective January 1, 2018: Ordinance No. 1479