



Date Received \_\_\_\_\_

# City of Irrigon

P.O. Box 428, Irrigon, Oregon 97844  
Phone: (541)922-3047 – Fax (541)922-9322  
ci.irrigon.or.us

## TRANSIENT LODGING TAX REMITTANCE

Business: \_\_\_\_\_

Quarter Ending: \_\_\_\_\_

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_

No. of Rooms/Spaces: \_\_\_\_\_

E-mail: \_\_\_\_\_

This is an amended report

Certificate No. \_\_\_\_\_

Please make sure this form is filled in completely and correctly. Penalties and interest are charged for delinquency.

**If no tax is due, please indicate this on the form, sign it and return to the City of Irrigon.**

### CALCULATION SECTION

**Change of address must be filed and reported immediately to the City of Irrigon.**

If the business is disposed of or suspended, a closing return must be filed immediately with the City of Irrigon, and any tax collected must be paid. No change of ownership can be recorded until this is done.

Checks, money orders and credit cards are accepted by the City of Irrigon.

The finance department assumes no responsibility for loss in transit.

**Make checks payable to City of Irrigon**

1. Gross rent received from occupancy in transient lodging	\$ _____
2. Rents that are not subject to the tax and will be excluded from the tax	
a) From an occupant staying more than thirty (30) consecutive days,	\$ _____
b) Rent that is less than \$3.00 per day; or	\$ _____
c) Rent for a hospital room, medical clinic, or any other residential facility that is registered or certified by the Oregon Department of Human Services or the Oregon Health Authority.	\$ _____
Total rents excluded from the tax (total of a, b & c from section 2)	\$ _____
3. Taxable rents (line 1 minus line 2)	\$ _____
4. City of Irrigon Transient Lodging Tax Rate	5%
5. Total tax (line multiplied by line 4)	\$ _____
6. Less 5% to operator for administrative costs (line 5 multiplied by 5%)	\$ _____
7. Net Tax Due (line 5 minus line 6)	\$ _____
<b>If you are filing a tax return but unable to pay tax due, continue to line 8.</b>	
8. Interest @ 0.5% of Line 7 for one-month extension	\$ _____
<b>If this is a delinquent payment, please continue to line 9 through line 11</b>	
9. 10% of line 3 - Penalty - Failure to file return	\$ _____
10. 15% of lines 7 + 9 - Penalty – Failure to pay tax	\$ _____
11. Interest @ 0.5% of lines 7, 9 & 10, per month of delinquency.	\$ _____
12. Adjustment for prior shortage (overpayment)	\$ _____
13. <b>Total Tax, Interest &amp; Penalties Due</b> Add lines 7,8,9,10,11 &12	\$ _____

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.

Sign \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_