



Transient Room Tax

City of Sisters

P.O. Box 39
Sisters, OR 97759
www.ci.sisters.or.us
Ph (541) 549-6022

Reporting Month & Year: _____

Business Name _____ Prepared by _____

Business Address _____ Phone Number _____

Lodging Name (for lodging intermediaries) _____

Please attached breakdown of room tax by lodging name if remitting for more than one lodging provider

1. **GROSS ROOM RECEIPTS** \$ _____

(non-optional fees including cleaning, pet, bed/crib charges)

Number of available room nights _____ Number of room nights rented _____

Less: Allowable Deductions

- a. Room Receipts by month (_____)
- b. Incidental (_____)
- c. Medical related (_____)
- d. Federal / government contracts (_____)
- e. Room receipts from lodging intermediaries (_____)

Complete schedule of receipts by intermediary

2. Total Allowable Deductions (line a + b + c + d + e) (_____)

3. Taxable Gross Receipts (line 1 minus 2) _____

4. **Tax 8.99% of Line 3** _____

- a. Deduct Collection Reimbursement Charge
(5% of Line 4) (_____)

5. **TOTAL TAX DUE** (line 4 minus 4a.) \$ _____

PENALTIES AND INTEREST:

6. Penalty: 10% of **Total Tax Due** (If not received on the last day of the month due) _____

7. Penalty: 15% of **Total Tax Due** (If not received 30 days after 1st delinquent due date) _____

8. Interest: .5% of **Total Tax Due** per month _____

9. **TOTAL TAX, PENALTY AND INTEREST** (LINE 5 + 6 + 7 + 8) \$ _____

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 _____

Report and tax are due and payable on or before the fifteenth (15th) day of the month following each month of collection, delinquent the last day of the month.

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

IF THE BUSINESS IS DISPOSED OF OR SUSPENDED, closing return must be filed immediately to the City of Sisters.