



Transient Room Tax

City of Milton-Freewater
P.O. Box 6
Milton-Freewater, OR 97862
www.milton-freewater-or.gov
Ph (541) 938-5531

Reporting QTR & Year: _____

Name & Title _____ Business Name: _____

CALCULATION SECTION:

-
1. **GROSS RENT** _____
Number of available room nights _____ Number of room nights rented _____
 2. Less: Allowable Deductions
 - a. Rent over 30 consecutive days(day 31 and above only) (_____)
 3. Taxable Rents (line 1 minus 2) _____
 4. **Tax 9% of line 3** _____
 - a. DEDUCT – Collection Reimbursement Charge
Section 15 (5% of line 4) (_____)
 5. **TOTAL TAX DUE** (line 4 minus 4a)..... _____
- PENALTIES & INTERESTS:**
6. Penalty on total tax due at 10% (if not received on the last day of the month due) _____
 7. Penalty on total tax due at 15% (If granted 30 day extension and not received 30 days after 1st delinquent due date) _____
 8. Interest (half of 1% [.005] of line 5) _____
 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 _____

MAKE CHECKS PAYABLE TO: **CITY OF MILTON-FREEWATER**

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

CHANGE OF ADDRESS must be filed and reported immediately to the City of Milton-Freewater. IF THE BUSINESS IS DISPOSED OF OR SUSPENDED, closing return must be filed immediately to the City of Milton-Freewater.

Information provided to the City of Milton-Freewater on this form shall remain confidential as provided by the City of Milton-Freewater ordinance. Operator is subject to a random audit by the City of Milton-Freewater.