

CITY OF ASTORIA
RETURN ON TRANSIENT ROOM TAX

1095 Duane Street, Astoria, Oregon 97103
(503) 325-5821

File #: _____ Reporting Month: _____ No. of Rooms: _____

(Please Note: The due date of this return is no later than the 15th day following the reporting month)

PLEASE BE SURE THAT THIS FORM IS FILLED IN COMPLETELY AND CORRECTLY. PENALTIES AND INTEREST CHARGES MAY BE APPLIED TO DELINQUENT RETURNS.

Change of Address must be filed and reported immediately with the Finance Director. If the business is disposed of or is suspended, a closing return must be filed immediately at the Finance Department, City Hall, and the tax due must be paid. No change of ownership can be recorded until this is done.

Checks, drafts, postal notes and money orders in the exact amount of the tax due are accepted by the Finance Department only as an agent of the taxpayer and do not constitute payment until cleared. The Finance Department assumes no responsibility for loss in transit.

Remittance: To avoid penalty, be sure that proper remittance is enclosed. MAKE CHECKS PAYABLE TO CITY OF ASTORIA.

1. TOTAL GROSS RENT \$ _____
1(a) Total Number of Rooms Rented for Which Tax was Collected During Period _____
Less: Allowable Deductions:

2. Rent by Month \$ _____
3. Military/Food Allowance \$ _____
4. Total Allowable Deductions (Lines 2 & 3) _____
5. Taxable Rents (Line 1 minus Line 4) _____
6. TAX - **9 percent** of Line 5 (effective 1/1/02) _____
7. Add Excess Tax Collected _____
8. Total of Lines 6 and 7 _____
9. Collection Fee - 5 percent of Line 8 _____

10. TOTAL TAX DUE (Line 8 less Line 9) _____
11. Penalty _____
12. Interest _____
13. Adjustment for Prior Penalty, Interest, Overpayment or Shortage... _____
14. TOTAL TAX, PENALTY AND INTEREST
(Line 10 plus Lines 11, 12, minus Line 13) OR
(Add Line 13 if reporting shortage) _____

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 _____ Title _____