



CITY OF SHADY COVE

PO Box 1210
22451 Hwy. 62
Shady Cove, OR 97539
Phone (541) 878-2225 Fax (541) 878-2226

RAFT TAX
MONTHLY REPORT

Business Name: _____ Phone No: _____
Address: _____
Operator Name: _____

Report for Month Ending: _____ Date: _____

RENT RECEIPTS:

1 Number of Rafts Rented _____

TAX COLLECTED:

2 Taxable Rent (Line 1 x \$3.00) _____

3 Collection Fee (5% of line 2) _____

4 TOTAL TAX COLLECTED (Line 2 minus Line 3) _____

ADDITIONS AND ADJUSTMENTS:

5 Penalty (10% interest due if paid after due date) _____

6 Adjustment for prior period _____

7 TOTAL ADJUSTMENTS (Lines 5 through 6) _____

8 **TOTAL REMITTANCE (Sum of Lines 4 and 7)** _____

Floatable Devices Rented			
Date:	Total Rafts:	Date:	Total Rafts:
1		16	
2		17	
3		18	
4		19	
5		20	
6		21	
7		22	
8		23	
9		24	
10		25	
11		26	
12		27	
13		28	
14		29	
15		30	
		31	
Total:			

*****PAYMENT IS DUE ON THE 10TH OF EACH MONTH - FOLLOWING THE MONTH OF SERVICE*****

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: _____

Make Checks Payable to: City of Shady Cove
Remit to: PO Box 1210
Shady Cove, OR 97539

For Official Use Only: Date: _____
Over/Under Payment _____
Check No: _____ Initial: _____