



CITY OF SHADY COVE

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

TRANSIENT LODGINGS
TAX
MONTHLY REPORT

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

Report for Month Ending: _____ Date: _____

Total Rooms/ Spaces available for rent: _____
Total Rooms/ Spaces rented for more than 30 days: _____
Changes from last last report: Yes No Number of Additions/Deletions: _____

RENT RECEIPTS:

1 Gross Rents _____
2 Other _____
3 TOTAL RECEIPTS (Line 1 & 2) _____

ALLOWABLE DEDUCTIONS:

4 Rent by Month _____
5 Government Exemptions _____
6 Uncollectibles _____
7 Other deductions (e.g. emergency vouchers) _____
8 TOTAL DEDUCTIONS (Lines 4 through 7) _____
9 TAXABLE RENTS (Line 3 minus Line 8) _____

TAX COLLECTED:

10 Tax Collected (6% of Line 9) _____
11 Collection Fee (5% of Line 10) _____
12 TOTAL TAX COLLECTED (Line 10 minus Line 11) _____

ADDITIONS & ADJUSTMENTS:

13 Penalty (1.5% interest due if paid after due date) _____
14 Adjustment for Prior Period _____
15 TOTAL ADJUSTMENTS (Lines 13 through 14) _____
16 TOTAL REMITTANCE (Sum of Lines 12 and 15) _____

*****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: _____
Underpayment: _____
Overpayment: _____
Check No: _____ Initial: _____