

CLACKAMAS COUNTY MONTHLY TRANSIENT ROOM TAX REPORT

Certificate No. _____ - _____

Remit to:

CLACKAMAS COUNTY
FINANCE DEPARTMENT
2051 Kaen Road
Oregon City, Oregon 97045
Phone (503) 742-5400
Fax (503) 742-5401

BUSINESS NAME

ADDRESS

CITY/STATE/ZIP CODE

(If other than above)

LOCATION NAME

ADDRESS

CITY/STATE/ZIP CODE

Period Covered
TO

1. Gross Cash Receipts (Net of Bank Credit Card Fee).....

Exempt Receipts: A. Monthly Rentals.....
 B. Rent Less than \$15.01 per day.....
 C. U.S. Gov't Employees on Official Business.....

2. Less Total Exempt Receipts.....

3. Taxable Receipts.....

4. Total Room Tax for this Period (6% of Line 3).....

5. Less Operator Retainage (5% of Line 4)

(Not allowed if payment is not postmarked by the 15th of the month for the preceding month due)....

6. Total Tax Due for Month.....

Note: Manual Calculations required for lines 7. Penalties, 8. Interest, and 9. Adjustments

7. Penalty (10% of Line 4 for first month report is late,
 plus 15% of Line 4 for second month report is late).....

8. Interest (1/2 of 1 % per Month).....

9. Adjustment from Prior Period (Please attach explanation).....

10. Total Amount Remitted.....

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS HEREIN ARE CORRECT AND TRUE.

SIGNATURE DATE

Please make checks payable to Clackamas County Finance.

Monthly Collections are due by the 15th of the following month. Penalty – interest will be assessed if not postmarked on or before last day of the following month.

Notify the Finance Department immediately of any change of address or disposition / suspension of business.