



Transient Room Tax Report

Period Ending: _____

Due Date: _____

Number of Rooms: _____

Certificate Number: _____

<i>Payment Schedule</i>	
Months of Rental:	Payment Due:
Jan, Feb, March	April 15 th
April, May, June	July 15 th
July, August, Sept	October 15 th
Oct, Nov, Dec	January 15 th

Month	Total Gross Room Revenue	Less Exemption	Sub-Total	Tax at 7%	Total Tax Due
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

Total Tax Due \$ _____
 Less 5% Collection Fee \$ _____
 Penalty \$ _____
 Interest \$ _____
 Adjustments (prior overpayment or shortage) \$ _____
 Total Tax, Penalty and Interest \$ _____

Fill out this form completely and correctly including penalties and interest for delinquency. To avoid a penalty, be sure the proper remittance is enclosed. **Make checks payable to Baker County.** Please retain a copy of this report for your records. **Change of address must be filed and reported immediately to the finance department. If the business is closed or suspended, a closing report must be filed immediately.**

I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the following statement herein is correct and true.

Signed: _____ *Date:* _____

Title: _____ *Business Name:* _____

**Please Remit To: Baker County Administrative Services, 1995 Third Street, Baker City, OR 97814
 For Questions Contact: Christena Cook (541) 523-8209**