



Baker County

TLT Application Form

Date: _____ Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Zip Ext: _____

Jurisdiction: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ Zip Ext: _____

Operator Name: _____

Contact Information

Name: _____ Phone: _____

Address: _____

_____ E-mail: _____

Months of Operation

Jan Feb Mar Apr May Jun July Aug Sept Oct Nov Dec

Entire Year

Facilities Information

Rooms: _____ Spaces: _____ Camp Sites: _____

Owner Signature

Date

If you have any questions or comments, feel free to call us at (541) 523-8209

Baker County Admin. Services

1995 Third Street

Baker City, OR 97814



Transient Lodging 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		Sub-Total	Tax at 7%	Total Tax Due
		Exemptions	On-Line Bookings			
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: Shelly Christensen (541) 523-8209