



CITY OF AMITY
 109 Maddox Avenue
 P.O. Box 159
 Amity, OR 97101
 Ph: (503) 835-3711
 Fax: (503) 835-3780
 Website: www.ci.amity.or.us

RECEIVED:

OFFICIAL USE ONLY

TRANSIENT LODGING REMITTANCE REPORT

Account Information		
Business Name	Reporting Month	
Property Address	Reporting Year	
Contact Name	Phone Number	TL Account ID

DUE DATE: Last day of the month following the reporting period, even if no gross rent was received.

1. Gross Rent	1.	\$
2. Allowable Exemptions:		
2a. Monthly Rent (30+ consecutive days).....	2a.	\$
2b. Daily Rate of less than \$5/day.....	2b.	\$
2c. Hospital/medical/convalescent/care facility....	2c.	\$
2d. Other (please explain).....	2d.	\$
3. Total allowable exemptions (sum of lines 2a through 2d).....	3.	\$
4. Taxable rent (line 1 minus line 3)	4.	\$
5. Tax rate – 7%.....	5.	.07
6. Tax due (line 4 multiplied by line 5).....	6.	\$
7. Excess tax collected (not returned to transient).....	7.	\$
8. Total tax collected (line 6 plus line 7).....	8.	\$
9. Rebate rate for Administrative costs – 5%.....	9.	.05
10. Rebate amount (line 8 multiplied by line 9).....	10.	\$
11. Net tax due (line 8 minus line 10).....	11.	\$
12. Penalties.....	12.	\$
13. Interest.....	13.	\$
14. Previous balance	14.	\$
15. TOTAL DUE (sum of lines 11 through 14).....	15.	\$

PAYMENT AMOUNT ENCLOSED

\$

Signature

I declare, under penalty of false swearing, that to the best of my knowledge the information herein is true, correct, and complete.

Signature	Title	Date
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Print completed remittance form and mail with payment to: City of Amity, PO Box 159, Amity, OR 97101
Make check or money order payable to the City of Amity.