

Hotel Name & Address:

**TRANSIENT LODGING TAX
Washington County 9% Only
REMITTANCE FORM**

Corporate Office:

Washington County Finance Division
155 N 1st Ave Suite 270 MS 25
Hillsboro OR 97124
Phone: (503) 846-4448

Be sure this form is filled in completely and correctly. Penalties and interest are assessed for delinquency.

Period Covered: _____ Date Due: _____

Change of Address must be filed and reported immediately to the Washington County Finance Division.

Intermediary: *Online Travel Company/Booking Agent revenue.*

If Business is Disposed of or Suspended closing return must be filed immediately with the Washington County Finance Division, Suite 270, Public Services Building, and the tax due must be paid. No change of ownership can be recorded until this is done.

Checks, Drafts, Postal Notes and Money Orders in the exact amount of tax due are accepted by the Washington County Finance Division only as agent of the taxpayer and do not constitute payment until cleared. The Washington County Finance Division assumes no responsibility for loss in transit.

Remittance: To avoid penalty be sure proper remittance is enclosed.

**MAKE CHECKS PAYABLE TO:
WASHINGTON COUNTY**

FOR OFFICE USE ONLY

Reviewed: _____

Postmark Date: _____

Penalty: _____

Interest: _____

CALCULATION SECTION

- 1) Gross Rents\$
- Less Allowable Deductions:**
- 2) Rents\$
More than 30 consecutive days PER PERSON
- 3) Rents From Intermediaries.....\$
(Enter on pages 2-3)
- 4) Government employees.....\$
- 5) Total allowable deductions (lines 2, 3, & 4).....\$
- 6) Taxable Rents (line 1 minus line 5)\$
- 7) Tax **9%** of line 6 (**Washington County**).....\$
- 8) Collection fee – 5% of line 7 \$
- 9) Total tax due (line 7 less line 8).....\$
- 10) Adjustment - for prior shortage or overpayment.....\$
(Enter negative amount for overpayment)
- 11) Total Tax (line 9 plus line10)\$

Washington County

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.

Signature

Title

*** Use this form for Washington County Transient Lodging Tax Only**

Rents from Intermediaries (OTC's)

Identify all transactions with transient lodging intermediaries for this period. A transient lodging provider is one who facilitates the retail sale and charges for the occupancy of transient lodging. Transient lodging intermediaries include, other than but are not limited to, online travel companies, travel agents, and tour outfitter companies. Only include the amount that you actually received from each intermediary; you do not need to determine the retail price charged to customers.

Do not Include:

- Transactions for which you collected the tax directly from the customer; or
- Transactions for which you received the tax from intermediaries.

Attach this schedule to your return that you submit to us. Use Page 3 if needed.

Rents received from Intermediaries	Gross Rents
------------------------------------	-------------

OTC Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

OTC Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

OTC Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

OTC Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

OTC Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

OTC Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

OTC Name: _____
Address: _____
City: _____ ST: _____ Zip: _____

Grand Total Page 2 _____

Rents received from Intermediaries

Gross Rents

OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



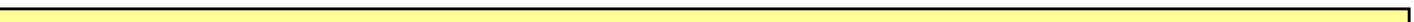
OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



OTC Name: _____
 Address: _____
 City: _____ ST: _____ Zip: _____



Total Page 3 _____

Grand Total Pages 2 & 3 _____