

**Hotels, Intermediaries & Airbnbs**  
**Name & Address:**

**TRANSIENT LODGING TAX**  
**CITY OF TIGARD Only\***  
**REMITTANCE FORM**  
 Washington County Finance Division  
 155 N 1st Ave Suite 270 MS 25  
 Hillsboro OR 97124  
 Phone: (503) 846-4448

**Corporate Office:**

**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 with 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 at 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.

**CALCULATION SECTION**

- 1) Gross Rents .....\$
- Less Allowable Deductions:**
- 2) Rents .....\$   
 More than 30 consecutive days PER PERSON
- 3) Rents From Intermediaries .....\$   
 (Reported to Hotels)
- 4) Government employees .....\$
- 5) Total allowable deductions (lines 2, 3, & 4) .....\$
- 6) Taxable Rents (line 1 minus line 5) .....\$
- 7) Tax **2.5%** of line 6 (**City of Tigard TLT**).....\$
- 8) Collection fee – **5%** of line 7 ..... \$
- 9) Total City Tax due (line 7 less line 8).....\$
- 10) Adjustment for prior shortage or overpayment ..\$   
 (Enter a negative number for an overpayment)
- 11) Total Tax (line 9 plus line 10) .....\$

**MAKE CHECKS PAYABLE TO:**  
**WASHINGTON COUNTY**



**FOR OFFICE USE ONLY**

Reviewed: \_\_\_\_\_

Postmark Date: \_\_\_\_\_

Penalty: \_\_\_\_\_

Interest: \_\_\_\_\_

**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 City of Tigard Transient Lodging Tax Only.**