



**LINN COUNTY
TRANSIENT LODGING TAX
REMITTANCE FORM**

OFFICE USE ONLY

FOR INTERMEDIARY USE ONLY

Tax Month/Year: _____ Intermediary: _____

Contact Person: _____ Telephone Number: _____ Email: _____

Remittance Form and Quarterly Payment is due on the 15th of the month. Use additional sheets as needed.

PLEASE PRINT

LODGING ADDRESS	INCOME	DEDUCTIONS	TAXABLE RENT	3% TAX	5% REBATE	REMITTANCE
TOTAL REMITTANCE						

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

Date

Printed Name

Title

Mail your Remittance Form and Payment (made payable to Linn County) to:
Attn: TLT Administrator
Linn County Board of Commissioners, Room 201
P O Box 100, Albany, OR 97321 Phone: (541) 967-3825; Fax (541) 926-8228