



LINN COUNTY
TRANSIENT LODGING TAX
REMITTANCE FORM

OFFICE USE ONLY

Tax Month/Year: Number of Rooms: Certificate Number:
(Found on Certificate of Authority)

Name of Property:

Property Address, City:

Contact Person: Telephone Number:

Remittance Form and Quarterly Payment is due on the 15th of the month

If a business is disposed of or suspended, this form must be filed, the tax paid, and the County notified immediately.

Table with 10 rows and 2 columns. Row 1: Total Gross Rent (including city and state taxes collected) \$
Row 2: Total Allowable Deductions (sum of a through e below) \$ ()
Row 3: a. City and State tax collected. \$ ()
Row 4: b. Rent for guests staying more than 30 consecutive days. \$ ()
Row 5: c. Rent for emergency or temporary shelter. \$ ()
Row 6: d. Rent from a federal employee on official government-related business. \$ ()
Row 7: e. Other rent otherwise exempt under federal, state, or local law. \$ ()
Row 8: Explain reason(s) for exemption:
Row 9: 3. Adjusted Gross Rent (line 1 minus line 2) \$
Row 10: 4. Operator's Expense per LCC 770.110 (5% of line 3) \$ ()
Row 11: 5. Taxable Gross Rent (line 3 minus line 4) \$
Row 12: 6. This Quarter's Tax (line 5 x 3%) \$
Row 13: 7. Penalty (delinquent payments will be charged a penalty in accordance with LCC 770.600*) \$
Row 14: 8. Interest (delinquent payments will be charged interest in accordance with LCC 770.610†) \$
Row 15: 9. Adjustments for Prior Shortage or Overpayment \$
Row 16: 10. Total Remittance (sum of lines 6, 7, 8, and 9) \$

*Delinquency Penalty: A remittance is considered delinquent on the 16th of the month in which it is due. A 10% penalty shall be assessed against any Operator that fails to pay a remittance within thirty (30) days of the date on which it became delinquent.

†Delinquency Interest: A delinquent remittance shall be assessed interest at the rate of one percent (1%) per month on the amount of the tax due, exclusive of penalties, from the date on which the remittance first became delinquent until paid in full.

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