

**CITY OF SEASIDE
TRANSIENT ROOM TAX RETURN**

Motel Name _____

PERIOD ENDING: _____

DUE DATE: _____

(Dates provided on back)

BE SURE THIS FORM IS FILLED IN COMPLETELY. THIS FORM SHOULD BE FILED BY THE 15TH OF MONTH EVEN IF PAYMENT CANNOT BE MADE.

**MAKE CHECKS PAYABLE TO:
CITY OF SEASIDE
989 BROADWAY, SEASIDE, OR. 97138
Phone: 503-738-5511
Fax: 503-738-5514**

- 1. GROSS RENT.....\$ _____
- 2. LESS: NON-TAXABLE DEDUCTIONS
 - 2a. Monthly (More than 30 consecutive days).....\$ _____
 - 2b. Government Exemption with support.....\$ _____
 - 2c. OTC Revenues (Schedule Required)\$ _____
 - 2d. Other allowable deductions.....\$ _____
- 3. TOTAL DEDUCTIONS (sum Line 2a through 2d).....\$ _____
- 4. TAXABLE RENTS (Line 1 minus Line 3).....\$ _____
- 5. TAX - 8% of TAXABLE RENTS (0.08 X line 4).....\$ _____
- 6. EXCESS TAX COLLECTED.....\$ _____
- 7. TOTAL TAX COLLECTED. (Line 5 plus line 6).....\$ _____
- 8. COLLECTION FEE 5% of total tax collected (0.05 X Line 7).....\$ _____
- 9. TOTAL TAX DUE (Line 7 minus Line 8).....\$ _____

PLEASE PAY THE AMOUNT CALCULATED ON LINE 12 UNLESS YOUR RETURN IS LATE OR YOU HAVE BEEN CONTACTED BY THE CITY OF SEASIDE CONCERNING OVER OR UNDER PAYMENTS ON PREVIOUS RETURNS.

IF YOUR RETURN IS FILED AFTER THE LAST DAY OF THE MONTH, PLEASE REMIT THE FOLLOWING:

- 10. PENALTY (Line 9 x 10%).....\$ _____
- 11. INTEREST (Line 9 x 1% per month).....\$ _____
- 12. TOTAL TAX DUE, PENALTY AND INTEREST (Line 9+10+11).....\$ _____

“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

Number of Rooms