

**CITY OF SEASIDE  
TRANSIENT ROOM TAX RETURN**

PERIOD ENDING: \_\_\_\_\_  
DUE DATE: \_\_\_\_\_

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

**IF BUSINESS IS DISPOSED OF OR OPERATION SUSPENDED**, a closing return must be filed immediately, at the auditor's office, **989 Broadway Seaside Or. 97138**, and the tax due must be paid.

**PAYMENT** in the exact amount of the tax due is accepted by the Auditor's office only as agent of the taxpayer and does not constitute payment until cleared.

**REMITTANCE:** To avoid penalty, be sure proper remittance is enclosed.

**MAKE CHECKS PAYABLE TO THE CITY OF SEASIDE**

- 1. GROSS RENT.....\$ \_\_\_\_\_
- LESS: NON-TAXABLE DEDUCTIONS
- 2. Rent (by month).....\$ \_\_\_\_\_
- 3. Other Rental Exemptions.....\$ \_\_\_\_\_
- 4. TOTAL NON-TAXABLE DEDUCTIONS (Line 2 plus Line 3)..... \_\_\_\_\_
- 5. TAXABLE RENTS (Line 1 minus Line 4)..... \_\_\_\_\_
- 6. TAX - 8% of TAXABLE RENTS (0.08 x line 5)..... \_\_\_\_\_
- 7. EXCESS TAX COLLECTED..... \_\_\_\_\_
- 8. TOTAL TAX COLLECTED. (Line 6 plus line 7)..... \_\_\_\_\_
- 9. COLLECTION FEE 5% of total tax collected (0.05 x Line 8)..... \_\_\_\_\_
- 10. TOTAL TAX DUE (Line 8 minus Line 9)..... \_\_\_\_\_

**PLEASE PAY THE AMOUNT CALCULATED ON LINE 10 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 FILL OUT THE FOLLOWING:

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

“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

\_\_\_\_\_  
VRD ADDRESS

\_\_\_\_\_  
PLEASE PRINT VRD OWNERS NAME