

Transient Lodging Tax Remittance Form

Transient Lodging Intermediaries

(Effective for taxable reservations 7/1/2020)

Transient lodging intermediary name: _____ Phone: _____
 Address: _____ Email: _____
 City, State, Zip: _____ Period covered: _____

	Tax Calculation	Amount
1	Total gross monthly receipts from guest room rentals in the City of Gresham*:	
	Less allowable deductions	
	2 Government agency:	
	3 Rent less than \$15 per day:	
	4 Rooms occupied more than 30 days:	
5	Total allowable deductions (add lines 2, 3, and 4):	
6	Taxable rent (line 1 less line 5):	
7	Transient room tax (8% of line 6):	
8	Administrative fee (deduct 5% of line 7):	
9	Amount of tax due (line 7 less line 8):	
10	Adjustment to tax due (supporting documentation required):	
11	Total transient lodging tax payment submitted (line 9 less line 10):	

*Total from page 2

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

Make checks payable to: CITY OF GRESHAM
 Direct inquiries to:
 City of Gresham, Finance & Management Services Department
 Attention: Melanie Wynne
 1333 NW Eastman Parkway
 Gresham, OR 97030-3813
 503-618-2713 or Melanie.Wynne@GreshamOregon.gov

City Staff Only				
Tax due: _____	Received: _____	Over/short: _____	Interest due: _____	Penalties due: _____

