

# Transient Lodging Tax Remittance Form Transient Lodging Intermediaries

**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 \$2 per day:	
	4 Rooms occupied more than 30 days:	
5	Total allowable deductions (add lines 2, 3, and 4):	
6	Taxable rent (line 1 minus 5):	
7	Transient room tax - 6% of line 6, Amount of tax due:	
8	Adjustment to tax due (supporting documentation required):	
9	<b>Total transient lodging tax payment submitted:</b>	

\*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](mailto:Melanie.Wynne@GreshamOregon.gov)

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

## Rooms Booked for Lodging within Gresham City Limits

Transient room tax intermediary: \_\_\_\_\_

Period covered: \_\_\_\_\_

Lodging Name	# Rooms	Amount
<b>Total*</b>		

\*report on line 1 of Transient Lodging Tax Remittance Form

**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](mailto:Melanie.Wynne@GreshamOregon.gov)