

## Transient Lodging Information

The Transient lodging tax remittance payments are due to the City of Gresham on the last day of the month following the end of each quarter.

<b><u>Quarter:</u></b>	<b><u>Dates:</u></b>	<b><u>Payments Due On:</u></b>	<b><u>Payments Delinquent On:</u></b>
1 <sup>st</sup> Quarter	July – September	October 31	November 1
2 <sup>nd</sup> Quarter	October – December	January 31	February 1
3 <sup>rd</sup> Quarter	January – March	April 30	May 1
4 <sup>th</sup> Quarter	April – June	July 31	August 1

### **Late Charges:**

- 1<sup>st</sup> Penalty: If the payment is not paid prior to the delinquent date, 10% of the amount of the tax shall be due in addition to the tax.
- 2<sup>nd</sup> Penalty: If the payment is not paid within 30 days following the delinquent date, 15% of the amount of the tax shall be due in addition to the first penalty and the amount of the tax.

### **Forms:**

Tax forms are available at City Hall or on our website at [GreshamOregon.gov/LodgingTax](http://GreshamOregon.gov/LodgingTax).

### **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)

## Transient Lodging Tax Remittance Form Lodging Provider

**Hotel Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_ **Period covered:** \_\_\_\_\_

	Tax Calculation	Amount
1	Total gross monthly receipts from guest room rentals:	
	Less allowable deductions	
	2 Rent (by month):	
	3 Rent less than \$2 per day:	
	4 Government agency:	
	5 Uncollectable rents:	
	6 Gross receipts from transient lodging intermediaries for rooms booked during the reporting period (total from page 2):	
7	Total allowable deductions (add lines 2 through 6):	
8	Taxable rents (line 1 minus 7):	
9	Transient room tax (6% of line 8), Amount of tax due:	
10	Penalty if not paid by due date (10% of line 9):	
11	Additional delinquent penalties & fees:	
12	Adjustment for prior return (supporting documentation required):	
13	<b>Total transient lodging tax payment submitted:</b>	

Number of Rooms: \_\_\_\_\_

**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**

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

