

TRANSIENT OCCUPANCY TAX RETURN-CONFIDENTIAL

To be completed by Provider if using a third party vendor that will submit tax to the City

Business Name

Customer Number

Owner/Operator

Location

Tax computation for the PERIOD ending:(mm/dd/yyyy)

Monthly/Quarterly report (select one)

Tax on adjusted rents
less operator
administration

Third Party Vendor	Gross rents less exemptions	Tax on adjusted rents less operator administration	Total rooms available	Total rooms rented
Total				

I hereby declare that to the best of my knowledge and in accordance with the agreement I have with the above third party vendor(s), they will submit the total tax due to the City of Ashland.

Name

Signature

Date

Utility Division
Finance Department
20 East Main Street
Ashland, OR 97520
www.ashland.or.us

Tel: 541-488-6004
Fax: 541-552-2059
TTY: 800-735-2900
Email: utilitybilling@ashland.or.us

