

# TRANSIENT OCCUPANCY TAX RETURN-CONFIDENTIAL

*For complete information on Ashland Municipal Code Transient Occupancy (Lodging) Tax see AMC 4.24*

- >The fields on this form can be completed and the form can be printed, signed and submitted to the office with
- >Or, saved and sent electronically via email to utilitybilling@ashland.or.us or by fax (541) 552-2059,
- >Or, printed with blanks and filled in by hand, then submitted with payment.

*Please note: You will need to ensure that payment is received by the City of Ashland by the due date if you submit this form*

**Business Name:** \_\_\_\_\_ **Customer Number:** \_\_\_\_\_

**Owner/Operator:** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

<b>Tax computation for the PERIOD ending:</b> (mm/dd/yyyy)	
<b>Due Date</b>	
<i>If Due Date falls on a weekend or holiday the report and payment are due the next City of Ashland business day.</i>	

**Tax obligation calculation:**

**Instructions:**

1. Gross rents received for the period	You Input	
2. Exemptions (see Ashland Municipal Code)	You Input	
3. Adjusted gross rents	<b>Calculated</b>	
4. Tax on adjusted gross rents (10% of line 3)	<b>Calculated</b>	
5. Operator administration (5% of line 4)	<b>Calculated</b>	
6. <b>Current tax due (line 4 minus line 5)</b>	<b>Calculated</b>	
7. Penalties for late payment (10% of line 6)	You Input	
8. Interest for late payment (1% of tax per month)	You Input	
9. Tax underpayment - prior period	You Input	
10. Tax overpayment - prior period	You Input	
11. <b>Total amount due (add lines 6, 7, 8, and 9, minus line 10)</b>	<b>Calculated</b>	

**Please answer the following questions:**

1. Total calendar days rooms were available during this period	You Input	
2. Number of rooms/suites in your establishment	You Input	
3. Total rooms/suites available (line 2 multiplied by line 1)	<b>Calculated</b>	
4. Total rooms/suites rented during this period	You Input	

*To the best of my knowledge and belief, I declare the information supplied by me herein is correct and true.*

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Not required if transmitted electronically with email address*

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Returns are due and payable and to be received at City Hall by the 25th of the month following the end of each reporting period. Penalties and interest are applicable as of the 26th day of the month following the end of the reporting period. Amounts 30 days past due can be turned over to a collection agency and are subject to additional fees.**

**Utilities Division - Customer Service**

Finance Department                      Tel: 541-488-6004  
 20 East Main Street                      Fax: 541-552-2059  
 Ashland, Oregon 97520                      TTY: 800-735-2900  
 www.ashland.or.us

