



CITY OF SHADY COVE
 22451 HWY. 62 / PO BOX 1210
 SHADY COVE, OR 97539
 PHONE 541-878-2225 FAX 541-878-2226
WWW.SHADYCOVE.ORG

OFFICE USE ONLY	
Date Received	
Payment Method & Amount	
Received By	

RAFT TAX REMITTANCE FORM

ACCOUNT INFORMATION (please print)	
Name of business (including Doing Business As)	Reporting month
Property Address	Reporting year
Operator name	Phone number
Email address	

FORM DUE MONTHLY BY THE 10TH FOR THE PRECEEDING MONTH, FOLLOWING THE MONTH OF RENTAL SERVICE

FLOATABLE DEVICES RENTED PER DAY FOR REPORTING MONTH							
DAY	# RENTED	DAY	# RENTED	DAY	# RENTED	DAY	# RENTED
1		11		21		31	
2		12		22			
3		13		23			
4		14		24			
5		15		25			
6		16		26			
7		17		27			
8		18		28			
9		19		29			
10		20		30			
TOTAL FLOATABLE DEVICES RENTED FOR REPORTING MONTH:							

PLEASE DO NOT ROUND AMOUNTS UP OR DOWN

1	Total number of floatable devices rented (from line above)	1	
2	Taxable rent per flotation device	2	\$3.00
3	Total taxable rent (Line 1 multiplied by line 2)	3	
4	Collection Fee %	4	5%
5	Collection fee amount (Line 3 multiplied by line 4).....	5	
6	Total tax collected (Line 3 minus line 5)	6	
7	Penalty (If received after the 10th of the month)	7	10%
8	Penalty amount (Line 6 multiplied by line 7)	8	
9	Adjustment for prior period.....	9	
10	Total (Lines 8 plus line 9)	10	
11	TOTAL DUE (Sum of line 6 plus line 10)	11	

I DECLARE, UNDER PENALTY OF FALSE SWEARING, THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION HEREIN IS TRUE, CORRECT, AND COMPLETE.

Signature	Title	Date
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Return completed form and payment to:

CITY OF SHADY COVE PO BOX 1210, SHADY COVE, OR 97539.
 To make payment by Credit/Debit Card, fax your form to 541-878-2226 and call your payment into 541-878-2225.