



**CITY OF SHADY COVE**

PO Box 1210

22451 Hwy 62

Shady Cove, OR 97539

Phone (541) 878-2225 Fax (541) 878-2226

**TRANSIENT LODGINGS**

**TAX**

**MONTHLY REPORT**

Business Name: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Operator Name: \_\_\_\_\_

**Report for Month Ending:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Total Rooms/ Spaces available for rent: \_\_\_\_\_  
Total Rooms/ Spaces rented for more than 30 days: \_\_\_\_\_  
Changes from last last report:  Yes  No Number of Additions/Deletions: \_\_\_\_\_

**RENT RECEIPTS:**

1 Gross Rents \_\_\_\_\_  
2 Other \_\_\_\_\_  
3 TOTAL RECEIPTS (Line 1 & 2) \_\_\_\_\_

**ALLOWABLE DEDUCTIONS:**

4 Rent by Month \_\_\_\_\_  
5 Government Exemptions \_\_\_\_\_  
6 Uncollectibles \_\_\_\_\_  
7 Other deductions (e.g. emergency vouchers) \_\_\_\_\_  
8 TOTAL DEDUCTIONS (Lines 4 through 7) \_\_\_\_\_  
9 TAXABLE RENTS (Line 3 minus Line 8) \_\_\_\_\_

**TAX COLLECTED:**

10 Tax Collected (6% of Line 9) \_\_\_\_\_  
11 Collection Fee (5% of Line 10) \_\_\_\_\_  
12 TOTAL TAX COLLECTED (Line 10 minus Line 11) \_\_\_\_\_

**ADDITIONS & ADJUSTMENTS:**

13 Penalty (1.5% interest due if paid after due date) \_\_\_\_\_  
14 Adjustment for Prior Period \_\_\_\_\_  
15 TOTAL ADJUSTMENTS (Lines 13 through 14) \_\_\_\_\_  
16 TOTAL REMITTANCE ( Sum of Lines 12 and 15) \_\_\_\_\_

**\*\*\*PAYMENT IS DUE ON THE 10TH OF EACH MONTH - FOLLOWING THE MONTH OF SERVICE\*\*\***

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.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

**Make Checks Payable to:** City of Shady Cove  
**Remit to:** PO Box 1210  
Shady Cove, OR 97539

**For Official Use Only:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Underpayment: \_\_\_\_\_  
Overpayment: \_\_\_\_\_  
Check No: \_\_\_\_\_ **Initial:** \_\_\_\_\_