

City of Detroit

160 Detroit Ave N
PO Box 589
Detroit, Oregon 97342
Phone: 503.854.3496
Fax: 503.854.3232

Business Name/Owner: _____

Physical site address
of rental property: _____

Mailing Address: _____

Phone: _____ e-mail: _____

TRANSIENT OCCUPANCY TAX RETURN FORM - CONFIDENTIAL

Fees are due quarterly:	Tax Reporting Period	Due Date	Delinquent on	Check Box
	January 1 thru March 31	Due April 30	May 1	
	April 1 thru June 30	Due July 31	August 1	
	July 1 thru September 30	Due October 31	November 1	
	October 1 thru December 31	Due January 31	February 1	

Complete and return Transient Occupancy Tax form along with payment before delinquency date.
Keep a copy for your records.

Current Payments

Delinquent Payments

- | | | | |
|---|-------------------------|--|-------------------------|
| 1) Total room/spaces/
nights rented | # _____ | 10) Total tax due
(line 9) | \$ _____ |
| 2) Total Rents
(gross receipts) | \$ _____ | 11) Interest for pre-approved one
month extension
(line 10 x 1% (.01) ORD214.8(e)) | \$ _____ |
| 3) Less exemptions
(Complete Exemption
worksheet on reverse page) | \$ _____ | 12) Tax + interest
(line 10 + 11) | \$ _____ |
| 4) Net taxable rents
(line 2 minus line 3) | \$ _____ | 13) Delinquent 1 st month
(line 12 x 10% (.1) ORD214.9(a)) | \$ _____ |
| 5) Tax rate | X 7% (.07) | 14) Delinquent 2 nd month
(line 12 x 15% (.15) ORD214.9(b)) | \$ _____ |
| 6) Total tax
(line 4 x line 5) | \$ _____ | 15) Evasion of tax
(line 12 x 50% (.50) ORD214.9(c)) | \$ _____ |
| 7) Less operator
deduction | X 7% (.07) | 16) Total tax + penalties
(line 12 thru 15) ORD214.9(d) | \$ _____ |
| 8) Total operator
deduction
(line 6 x line 7) | \$ _____ | 17) Delinquency interest
(line 16 x .02 x number of months)
ORD214.9(d) | \$ _____ |
| 9) Total tax due
(line 6 minus line 8) | \$ <input type="text"/> | 18) Total due
(total of line 16 thru 17) | \$ <input type="text"/> |

I DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

Signature _____ **Print Name** _____ **Date** _____

Change of ownership and/or address must be filed and reported immediately to the City of Detroit. If a business is disposed of, suspended or closed a Transient Occupancy Tax Return form must be filed immediately with the City of Detroit. A return must be filed even if taxes were not collected for the reporting period.

For Official Use
Date Received: _____ Received by: _____

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Phone: _____ e-mail: _____

TRANSIENT OCCUPANCY TAX EXEMPTION WORKSHEET - CONFIDENTIAL

Fees are due quarterly:	Tax Quarter	Due Date	Delinquent on	Check Box
	January 1 thru March 31	Due April 30	May 1	<input type="checkbox"/>
	April 1 thru June 30	Due July 31	August 1	<input type="checkbox"/>
	July 1 thru September 30	Due October 31	November 1	<input type="checkbox"/>
	October 1 thru December 31	Due January 31	February 1	<input type="checkbox"/>

Complete and return with Transient Occupancy Tax form and payment before delinquency date. Keep a copy for your records.

ORD 214 Section 6 Exemptions:

a) Any individual in actual occupancy in a motel, mobile home park and RV park for more than thirty (30) consecutive calendar days	# of days	
	# of rooms	\$
b) Any individual whose rent has a value of less than \$2.00 per day	# of days	
	# of rooms	\$
c) Any individual whose rent is paid for occupancy in a hospital room or in a medical clinic or convalescent home		\$
d) Any individual whose rent is paid for occupancy in a public dormitory owned and operated by a public educational institution when such occupancy is executed for educational purposes only.		\$
e) A federal government employee traveling on official government business	# of days	
	# of rooms	\$
f) All dwelling units during the time a federal instrumentality pays for the units. Example: The Red Cross (a federal instrumentality) contracts locally to provide temporary emergency housing for victims of disasters.	# of days	
	# of rooms	\$
TOTAL EXEMPTIONS:		\$

I DECLARE THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT.**Signature****Print Name****Date**

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Received by: