

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 8% (.08)	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**(only complete if applicable)**

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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