



CITY OF SISTERS  
520 E CASCADE AVE  
SISTERS, OR 97759

ROOM TAX REPORT FORM

**REPORTING FOR:** \_\_\_\_\_

**MONTH AND YEAR** \_\_\_\_\_

TAX CALCULATION

1. GROSS ROOM CHARGES COLLECTED FROM GUESTS \_\_\_\_\_
- DEDUCTIBLE AMOUNT:*
2. LESS ROOM CHARGES EXEMPT FROM TAX \_\_\_\_\_
3. NET TAXABLE ROOM CHARGES (line 1 minus line 2) \_\_\_\_\_
4. TAX ON NET TAXABLE ROOM CHARGES (line 3 times 8%)

TAX RECONCILIATION

5. TAX COLLECTED FROM GUESTS \_\_\_\_\_
- DEDUCTIBLE AMOUNT:*
6. LESS REFUNDED OR EXEMPTED TAXES \_\_\_\_\_
7. NET TAXES COLLECTED (line 5 minus line 6) \_\_\_\_\_
8. TAX ON NET TAXABLE ROOM CHARGES (line 4) \_\_\_\_\_
9. DIFFERENCE (line 7 minus line 8, should be zero)

**TOTAL NUMBER OF OCCUPANTS per room per night for month** \_\_\_\_\_

**NOTE: THIS FORM WITH TAX IS DUE ON OR BEFORE THE 15<sup>TH</sup> DAY OF THE MONTH FOLLOWING EACH MONTH OF COLLECTION.**