



Transient Room Tax

City of Sisters

P.O. Box 39
Sisters, OR 97759
www.ci.sisters.or.us
Ph (541) 549-6022

Reporting Month & Year: _____

Name & Title _____ Business Name _____

CALCULATION SECTION:

-
1. **GROSS RENT** \$ _____
 Number of available room nights _____ Number of room nights rented _____

Less: Allowable Deductions
 - a. Rent by (month) (_____)
 - b. Incidental or medical related..... (_____)
 - c. Federal / government contracts (_____)
 2. Total Allowable Deductions (line a + b + c) (_____)
 3. Taxable Rents (line 1 minus 2) _____
 4. **Tax 8% of Line 3** _____
 a. DEDUCT – Collection Reimbursement Charge
 (5% of Line 4)..... (_____)
 5. **TOTAL TAX DUE** (line 4 minus 4a.) \$ _____

PENALTIES AND INTEREST:

6. Penalty on total tax due at 10% (If not received on the last day of the month due)..... _____
7. Penalty on total tax due at 15% (If not received 30 days after 1st delinquent due date) _____
8. Interest (one-half of 1.0% of Line 5 per month) _____
9. **TOTAL TAX, PENALTY AND INTEREST** (LINE 5 + 6 + 7 + 8) \$ _____

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 _____ DATE _____

MAKE CHECKS PAYABLE TO: CITY OF SISTERS

Report and tax are due and payable on or before the fifteenth (15th) day of the month following each month of collection, delinquent the last day of the month.

CHANGE OF ADDRESS must be filed and reported immediately to the City of Sisters. **IF THE BUSINESS IS DISPOSED OF OR SUSPENDED**, closing return must be filed immediately to the City of Sisters.