

# Transient Room Tax Form

520 E. Cascade Avenue | PO Box 39 - Sisters, Or 97759 | ph. (541) 549-6022 | [www.ci.sisters.or.us](http://www.ci.sisters.or.us)



Reporting Month & Year \_\_\_\_\_

Business Name \_\_\_\_\_

Prepared by \_\_\_\_\_

Rental Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Please mark the Booking Agents used for this month below

☐ Check here if no activity for this reporting month

☐ AirBnB  
☐ VRBO

☐ Expedia  
☐ Priceline

☐ Other

## 1. GROSS ROOM RECEIPTS

\$ \_\_\_\_\_

(Non-optional fees including cleaning, pet, bed/crib charges)

Number of available room nights \_\_\_\_\_ Number of room nights rented \_\_\_\_\_

- a. Room Receipts by month
- b. Incidental
- c. Medical related
- d. Federal / government contracts

(\_\_\_\_\_)  
(\_\_\_\_\_)  
(\_\_\_\_\_)  
(\_\_\_\_\_)

## 2. Total Allowable Deductions (line a + b + c + d)

(\_\_\_\_\_)

## 3. Taxable Gross Receipts (line 1 minus 2)

\_\_\_\_\_

## 4. Tax 8.99% of Line 3

\_\_\_\_\_

- a. Deduct Collection Reimbursement Charge  
(5% of Line 4)

(\_\_\_\_\_)

## 5. Tax remitted by your Booking Agent on your behalf

(\_\_\_\_\_)

## 6. TOTAL TAX DUE (line 4 minus 5.)

\$ \_\_\_\_\_

### PENALTIES AND INTEREST:

## 7. Penalty: 10% of Total Tax Due (If not received on the last day of the month due)

\_\_\_\_\_

## 8. Penalty: 15% of Total Tax Due (If not received 30 days after 1st delinquent due date)

\_\_\_\_\_

## 9. Interest: .5% of Total Tax Due per month

\_\_\_\_\_

## 10. TOTAL TAX, PENALTY AND INTEREST (LINE 6 + 7 + 8 + 9)

\$ \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**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.**

*Information provided to the City of Sisters on this form shall remain confidential as provided by City of Sisters ordinance.  
Operator is subject to a random audit by the City of Sisters*