| Property Name & Address: Name: Address: City: | TRANSIENT LODGING TAX Washington County 9% Only REMITTANCE FORM Washington County Finance Dept 155 N 1st Ave Suite 270 MS 25 Hillsboro OR 97124 | Corporate Office Info (optional): | | | |
|---|--|------------------------------------|--|--|--|
| ST: Zip: Account ID: | Phone: (503) 846-4448 | | | | |
| Be sure this form is filled in completely and correctly. Ensure you save the form before sending. Penalties and interest are assessed for delinquency. | | | | | |
| Period Covered: Month: | Year: | Date Due: | | | |
| Change of Address must be filed | CALCULATION SECTION | | | | |
| and reported immediately to the Washington County Finance | 1) Gross Rents | \$ | | | |
| Department. | Less Allowable Deductions: | | | | |
| <u>Intermediary</u> : Online Travel Company/Booking Agent revenue. | 2) Rents More than 30 consecutive days PER P | | | | |
| | 3) Rents From Intermediaries (Enter on pages 2-3) | \$ | | | |
| If Business is Disposed of or Suspended - Please see Washington County Code on this web page. | 4) Government employees | \$ | | | |
| | 5) Total allowable deductions (lines | \$ 2, 3, & 4)\$ | | | |
| | 6) Taxable Rents (line 1 minus line 5 | 5)\$ | | | |
| Email Remittance (this completed | 7) Tax 9% of line 6 (Washington (| County)\$ | | | |
| form) or any questions to: <u>TLT@washingtoncountyor.gov</u> | 8) Collection fee – 5% of line 7 | \$ | | | |
| | 9) Total tax due (line 7 less line 8) | \$ | | | |
| | 10) Adjustment - for prior shortage or ov (Enter negative amount for ove | | | | |
| To make payments click the below link which will redirect to the US Bank Payments Portal: | 11) Total Tax (line 9 plus line10) | \$ | | | |
| <u>US Bank TLT Bill Payments</u> | Washingto | on County | | | |
| | I de clove, under noncitu of molding | a false statement that to the best | | | |

| Preparer Contact Info | | | | |
|-----------------------|--|--|--|--|
| Prepared By: | | | | |
| Phone Number: | | | | |
| E-mail: | | | | |

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

Title

* Use this form for Washington County Transient Lodging Tax Only

Name:

Account ID:

Rents from Intermediaries (OTC's)

Identify all transactions with transient lodging intermediaries for this period. A transient lodging provider is one who facilitates the retail sale and charges for the occupancy of transient lodging. Transient lodging intermediaries include, other than but are not limited to, online travel companies, travel agents, and tour outfitter companies. Only include the amount that you actually received from each intermediary; you do not need to determine the retail price charged to customers.

Do not Include:

Transactions for which you collected the tax directly from the customer; or Transactions for which you received the tax from intermediaries.

Attach this schedule to your return that you submit to us. Use Page 3 if needed.

| Attach this schedule to your return that you submit to us. Use Page 3 if needed. | | | | | |
|--|--------------------------|---------------------------------------|--|--|--|
| Rents rece | ived from Intermediaries | Gross Rents | | | |
| OTC Name: | | _ | | | |
| Address: | | | | | |
| City: | ST: Zip: | - | | | |
| | | | | | |
| OTC Name: | | - | | | |
| Address: | | _ | | | |
| City: | ST: Zip: | | | | |
| | | | | | |
| OTC Name: | | - | | | |
| Address: | | - | | | |
| City: | ST: Zip: | | | | |
| OTC Name: | | | | | |
| Address: | | - | | | |
| City: | ST: Zip: | - | | | |
| ····. | | · · · · · · · · · · · · · · · · · · · | | | |
| OTC Name: | | _ | | | |
| Address: | | | | | |
| City: | ST: Zip: | - | | | |
| | | | | | |
| OTC Name: | | _ | | | |
| Address: | | - | | | |
| City: | ST: Zip: | | | | |
| OTC Name: | | | | | |
| Address: | | - | | | |
| | ST: Zip: | - | | | |
| City: | ST: Zip: | | | | |
| | | | | | |

Name:

Account ID:

| Rents recei | ved from Intermediaries | Gross Rents |
|-----------------------|-------------------------|-------------|
| OTC Name: | | |
| Address: | | |
| City: | ST: Zip: | |
| OTC Name: | | |
| - Address: | | |
| City: | ST: Zip: | |
| OTC Name: | | |
| - Address: | | |
| - City: | ST: Zip: | |
| OTC Name: | | |
| Address: | | |
| – City: | ST: Zip: | |
| | | |
| OTC Name: Address: | | |
| - City: | ST: Zip: | |
| - | | |
| OTC Name: | | |
| Address: | ST: Zip: | |
| City: | ST: Zip: | |
| OTC Name: | | |
| Address: | | |
| City: - | ST: Zip: | |
| OTC Name: | | |
| Address: | | |
| City: – | ST: Zip: | |
| OTC Name: | | |
| Address: | | |
| City: _ | ST: Zip: | |
| | | |
| | Total Page | 3 |
| | Grand Total Pages 2 & | 3 |