



CITY OF ROGUE RIVER

133 Broadway • Box 1137 Rogue River, Oregon 97537 • (541) 582-4401

Fax: (541) 582-0937 • website: cityofrogueriver.org

Transient Room Tax Return

To be completed by each owner on a monthly basis and returned with payment
Rogue River Municipal Code 3.05.030

RETURN TO: City of Rogue River
Box 1137 or hand delivered to 133 Broadway
Rogue River, Oregon 97537-1137

PLEASE MAKE CHECKS PAYABLE TO: City of Rogue River

BUSINESS NAME AND LOCATION:

Period Ending: _____

Due Date: 15th day of each following month

Total Number of Spaces: _____

Number of Spaces Rented This Period: Weekly _____
Monthly _____

1. Gross Rent: _____
2. Deductions: Rent for more than 30 days. _____
3. Deductions: Rent of less than \$10 per day. _____
4. Deductions: Rent to government employee(s) traveling on
government business (*must submit proof*) _____
5. Taxable rents (line 1 minus lines 2, 3, & 4) _____
6. Tax (6% of line 5) _____
7. Collection Fee (.5% of line 6) _____
8. Tax Due (line 6 minus line 7) _____
9. Adjustment or penalty (attach an explanation) _____

Total Amount Due _____

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 _____

Date _____

Checks, drafts, postal notes, and money orders in the exact amount of tax due will be accepted by the City of Rogue River only as agent of the taxpayer and do not constitute payment until cleared. The City assumes no responsibility for loss in transit.

If business is disposed or suspended, a closing return must be filed immediately, and the tax due must be paid. No change of ownership can be recorded until this is done.

FORMS\Transient Room Tax Return

We are an AAEEOE and comply with Section 504 of the Rehab. Act of 1973

"Home of the National Rooster Crowing Contest"

