

City of Lincoln City P.O. Box 50

Lincoln City, OR 97367

Transient Room Tax Quarterly Report

4. Calculated Tax 12% of Taxable Rent (0.12 x Line 3) \$ and reference the Transient Room Tax 5. Additional Tax Collected (Tax in excess of Line 4) \$ Handbook under Finance Section. 6. TOTAL TAX COLLECTED (Line 4 plus 5) \$	Quarter End Date:		
Please Check Here and Sign Below	Due Date: If Filing a	Zero Report (N	lo Taxable or Non-Taxable Rent Collected)
Owner Name: Location: Location Sold Final Report, check here: Final Return by Manager check here: Amended Return, check here:			
All Gross Rents (All non-refundable monies paid by your guests. Including rents that will be deducted below) 1st month 2nd month \$ 2nd m	Owner Name:	1 1000	o oncor noro una orgin poron
All Gross Rents (All non-refundable monies paid by your guests. Including rents that will be deducted below) 1st month \$	Property Name: Location Sold	Final Report, chec	ck here: Final Return by Manager check here:
All Gross Rents (All non-refundable monies paid by your guests. Including rents that will be deducted below) 1st month \$		•	
Less Deductible Rent-Itemize Here (this includes online bookings where tax is collect and payed directly to the cit (a) Any Online Intermediary/Booking Company \$ (b) Monthly (More than 30 consecutive nights) \$ (c) Government Exemption \$ Category: 2TOTAL Non-Taxable Deductions (a through d) \$ 3. TAXABLE Rents (Line 1 minus Line 2) \$ 4. Calculated Tax 12% of Taxable Rent (0.12 x Line 3) \$ 5. Additional Tax Collected (Tax in excess of Line 4) \$ 6. TOTAL TAX COLLECTED (Line 4 plus 5) \$ 7. Operator's Collection Fee 5% (0.05 x Line 6) \$ 8. TAX DUE THIS QUARTER (Line 6 minus 7) \$ 9. City Calculated Adjustment (per notice sent) \$ 10. TOTAL TAX REMITTABLE TO CITY (Line 8 +/- Line 9) \$ Payment due on or before the 15th after quarter end Paper report filing must be accompaied by Check or Cashier's Check only in the exact amount of the tax due. For secure filing and report retention, online report filing and electronic payment is available thru xpress BILL PAY @www.xpressbillaps.com. The Finance Department assumes no responsibility for items lost in transit. 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 Tritle Address:	1st month \$ 2nd month \$ 3rd month \$	Quarte Quarte Quarte	er 1: January, February, March er 2: April, May, June er 3: July, August, September
(a) Any Online Intermediary/Booking Company (b) Monthly (More than 30 consecutive nights) (c) Government Exemption (d) Other Exemption Category: 2TOTAL Non-Taxable Deductions (a through d) 3. TAXABLE Rents (Line 1 minus Line 2) 4. Calculated Tax 12% of Taxable Rent (0.12 x Line 3) 5. Additional Tax Collected (Tax in excess of Line 4) 6. TOTAL TAX COLLECTED (Line 4 plus 5) 7. Operator's Collection Fee 5% (0.05 x Line 6) 8. TAX DUE THIS QUARTER (Line 6 minus 7) 9. City Calculated Adjustment (per notice sent) 10. TOTAL TAX REMITTABLE TO CITY (Line 8 +/- Line 9) Payment due on or before the 15th after quarter end Paper report filing must be accompaied by Check or Cashler's Check only in the exact amount of the tax due. For secure filing and report retention, online report filing and electronic payment is available thru xpress BILL PAY @www.xpressbillpay.com. The Finance Department assumes no responsibility for items lost in transit. 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. Name: Signature See back of page to determine if rent is allowed in one of these catagories See back of page to determine if rent is allowed in one of these catagories For assistance in completing this report, please each of this page on go to: www.linoclincly.org/documents-forms and reference the Transient Room Tax Handbook under Finance Section. If City Calculated Adjustment per notice sent is a credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field or credit, please enter it as negative number in Field			
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Payment due on or before the 15th after quarter end CITY OF LINCOLN CITY PO BOX 50 LINCOLN CITY OR 97367 If Mailing Address Has Changed, Please Correct Below Name: Name: Signature Paper report filing must be accompaied by Check or Cashier's Check only in the exact amount of the tax due. For secure filing and report retention, online report filing and electronic payment is available thru xpress BILL PAY @www.xpressbillpay.com. The Finance Department assumes no responsibility for items lost in transit. 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	 TAXABLE Rents (Line 1 minus Line 2) Calculated Tax 12% of Taxable Rent (0.12 x Line 3) Additional Tax Collected (Tax in excess of Line 4) TOTAL TAX COLLECTED (Line 4 plus 5) Operator's Collection Fee 5% (0.05 x Line 6) TAX DUE THIS QUARTER (Line 6 minus 7) City Calculated Adjustment (per notice sent) 	\$ \$ \$ \$ \$	go to: www.lincolncity.org/documents-forms and reference the Transient Room Tax Handbook under Finance Section.
If Mailing Address Has Changed, Please Correct Below Name: Signature Signature Title Address:	10. TOTAL TAX REMITTABLE TO CITY (Line 8 +/- Line 9)	\$	———— 9.
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Address:		Paper repor Check only and report r available th Finance De transit. I decla	rt filing must be accompaied by Check or Cashier's r in the exact amount of the tax due. For secure filing retention, online report filing and electronic payment is arru xpress BILL PAY @www.xpressbillpay.com. The expartment assumes no responsibility for items lost in are, under penalty of making a false statement, that to the best of my
Address:	Name:	Signature	
մկիինկիրիինդիինիիինիինի	Address:		
City, State: CITY OF LINCOLN CITY PO BOX 50 LINCOLN CITY OR 97367-0050		CITY	OF LINCOLN CITY BOX 50

REPORT INSTRUCTIONS

General Information

Each operator is required to file a report and pay any tax due quarterly. A report must be filed even if there is no tax due or there were no nights rented.

Quarter End and Report Due Dates

Period 1 Ending: 3/31 Due Date: 4/15 Period 2 Ending: 6/31 Due Date: 7/15 Period 3 Ending: 9/30 Due Date: 10/15 Period 4 Ending: 12/31 Due Date: 1/15

For complete instruction please go to our website www.lincolncity.org and reference the Transient Room Tax Handbook.

Instructions

To simplify the preparation of the return, Lines 1 through 10 should be completed in consecutive order.

Line 1: Rent is the consideration charged, whether or not received by the operator for occupancy. Enter all monies collected from the guest that is not refundable. This includes, Rent, Cleaning Deposit, Pet Deposit, Guest Service Fee, extra person or furnishing charges and any other amounts collected to insure the reservation.

Line 2: The tax shall not be imposed on the following rents:

- (a) When an online intermediary or booking company pays the guest paid tax on your behalf. (AirBnB, VRBO, Expedia, Travelocity, Booking.com, Evolve, Hotels Inc, Priceline, etc.) Verification of this can be found on your owner history transaction report or the guest registration.
- (b) Any occupant who stays for 30 successive calendar days or pays for lodging on a monthly basis.

- (c) City, State or Federal employees on government business where payment is made directly by the government entity.
- (d) A donation by an operator of the full cost of lodging to a nonprofit tax-exempt charitable, fraternal or religious organization.

Line 5: If the actual tax collected exceeds Line 4 enter the difference.

Line 7: You are allowed to deduct 5% of the tax due as compensation for completing this report.

Line 9: Per over/under payment notice mailed to you by the city.

Non-Filed or Delinquent Reports: A 10 percent (10%) penalty will be accessed on the initial delinquency. Continued delinquency shall result in an additional fifteen percent (15%) penalty. Non-payment due to fraud shall result in a twenty-five percent (25%) penalty.

In addition to the penalties imposed, any operator who fails to remit any tax due shall pay interest at the rate of one and one-half percent (1.5%) per month, from the date on which the remittance first became delinquent until paid.

How to File Tax Report and Remit Payment

Please mail report along with payment to:

CITY OF LINCOLN CITY
PO BOX 50
LINCOLN CITY OR 97367-0050

If you have questions, call or write to:

PHONE: 541.996.1211

EMAIL: Finance_AR@lincolncity.org