

**CITY OF LINCOLN CITY
TRANSIENT ROOM TAX EXEMPTION FORM**

Schedule TRT-E: Report of gross receipts from the “Allowable Deductible Rents”

Identify all transactions claimed in the “Allowable Deductible Rent” exemptions for this quarter. Report the name and amount you actually received from each allowable exemption category.

Attach this schedule to the return you submit to us. Add additional pages if needed.

Lodging Provider ID #: _____ Lodging Provider Name: _____

Payments received for quarter ending: _____

1	Name of Company, Guest or OTC :		Amount Collected:	\$
2	Name of Company, Guest or OTC :		Amount Collected:	\$
3	Name of Company, Guest or OTC :		Amount Collected:	\$
4	Name of Company, Guest or OTC :		Amount Collected:	\$
5	Name of Company, Guest or OTC :		Amount Collected:	\$
6	Name of Company, Guest or OTC :		Amount Collected:	\$
7	Name of Company, Guest or OTC :		Amount Collected:	\$
8	Name of Company, Guest or OTC :		Amount Collected:	\$
9	Name of Company, Guest or OTC :		Amount Collected:	\$
10	Name of Company, Guest or OTC :		Amount Collected:	\$
11	Name of Company, Guest or OTC :		Amount Collected:	\$
12	Name of Company, Guest or OTC :		Amount Collected:	\$
	Total:	(Should equal total on line #2 of tax return.)		\$