



# CITY OF JACKSONVILLE

P.O. Box 7 - 206 N. 5th Street  
Jacksonville, OR 97530

www.jacksonvilleor.us

## Transient Lodging Tax

Quarter: \_\_\_\_\_ Year: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

*(list all locations being reported)*

**Street Address:** \_\_\_\_\_

*(list all locations being reported)*

**Owner/Operator:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

Please fill in this form completely and correctly and return along with payment for any taxes. The taxes collected by an operator are due and payable to the on a quarterly basis (at a minimum) by the thirtieth day of the month following the end of the quarter. Payments are considered delinquent and subject to interest and penalty if not postmarked by the thirtieth day of the month in which payment is due. Taxes are not considered paid until payment clears. The City of Jacksonville assumes no responsibility for loss of payment in transit. Change of ownership and/or address must be filed and reported immediately to the Tax Administrator. If business is disposed of or suspended, a closing return must be filed immediately with the Tax Administrator.

**MAKE CHECKS PAYABLE TO: CITY OF JACKSONVILLE.** For additional information, contact the Finance Director at (541) 899-1231 x 313

<b>Number of rooms:</b> _____	<b>Number of room nights available during this quarter:</b> _____
<i>(Please adjust your room night count for any circumstance under which a room may not be available for public/commercial occupancy.)</i>	
<b>Number of room nights used this quarter:</b> _____	<b>Average length of stay:</b> _____

1. Total <b>GROSS RECEIPTS</b> for lodging		1 <input style="width: 100%;" type="text"/>
2. Reduction to gross receipts:		
2a. Portion of gross rent that represents room rentals at less than \$4.00/day	2a	<input style="width: 100%;" type="text"/>
2b. Credit Card Transaction Fees	2b	<input style="width: 100%;" type="text"/>
2c. Gross receipts from transient lodging intermediaries <i>(see instructions)</i>	2c	<input style="width: 100%;" type="text"/>
2d. Total reduction to gross receipts <i>(add lines 2a thru 2c)</i>	2d	<input style="width: 100%;" type="text"/>
<b>3. TOTAL TAXABLE GROSS RECEIPTS</b> <i>(subtract line 2d from line 1)</i>		3 <input style="width: 100%;" type="text"/>
4. Tax rate	4	<input style="width: 100%;" type="text"/> x 0.09
5. Tax due <i>(multiply line 3 by line 4)</i>	5	<input style="width: 100%;" type="text"/>
6. Operator Administrative cost rate <i>(to be credited to the Marketing Fund)</i>	6	<input style="width: 100%;" type="text"/> x 0.05
7. Operator Administrative cost <i>(multiply line 5 by line 6)</i>	7	<input style="width: 100%;" type="text"/>
<b>8. TOTAL TAX DUE</b> <i>(line 5. if operator opted out of marketing fund subtract line 7 from line 5)</i>	8	<input style="width: 100%;" type="text"/>
9. Late Penalty if tax is not remitted within 30 days of due date <i>(10% of line 8)</i>	9	<input style="width: 100%;" type="text"/>
10. 2nd Late Penalty if tax is not remitted within 61 days of due date <i>(15% of line 8)</i>	10	<input style="width: 100%;" type="text"/>
<b>11. TOTAL TAX DUE WITH PENALTIES</b> <i>(total of line 8 + 9 + 10)</i>	11	<input style="width: 100%;" type="text"/>
12. Interest <i>(0.5% per month from date tax became delinquent. Interest can not be pro-rated.)</i>	12	<input style="width: 100%;" type="text"/>
13. Adjustment for prior overpayment or shortage	13	<input style="width: 100%;" type="text"/>
<b>14. TOTAL TAX, PENALTY, AND INTEREST</b> <i>(Line 11 + 12 + 13)</i>	14	<input style="width: 100%;" type="text"/>

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

Business Name:  Quarter:  Year:

### Schedule TLT-1: Report of gross receipts from transient lodging intermediaries

As reported on line 2c of City of Jacksonville Transient Lodging Tax Quarterly Return

State lodging requirements specify that whomever collects the payment from the customer is responsible for collecting the tax and is required to file a return and pay the tax quarterly. Identify all transactions with transient lodging intermediaries who collected from the customer directly for this quarter. A transient lodging intermediary is a person, other than a provider, who facilitates the retail sale and charges for the occupancy of transient lodging. Transient lodging intermediaries include, 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 don't need to determine the retail price charged to the customer.

**Don't include:**

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

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

1	Company name of transient lodging intermediary	
	Address	
	Contact Name and Phone Number	\$
2	Company name of transient lodging intermediary	
	Address	
	Contact Name and Phone Number	\$
3	Company name of transient lodging intermediary	
	Address	
	Contact Name and Phone Number	\$
4	Company name of transient lodging intermediary	
	Address	
	Contact Name and Phone Number	\$
5	Company name of transient lodging intermediary	
	Address	
	Contact Name and Phone Number	\$
<b>TOTAL</b> (should equal total on line 2c of page 1)		\$