

CITY OF BROWNSVILLE
PO Box 188 * Brownsville, OR * 97327

TRANSIENT ROOM TAX REGISTRATION¹

1) Name of Business

Business Phone

2) Name of Owner

Owner's Phone

3) Type of Organization

Name

Title

(State if owned by individual, partnership or corporation. If partnership, state names of partners and, if corporation, state names of officers at right)

Name

Title

Name

Title

4) Street Address or Location of Business

5) Mailing Address of Business

6) Number of Rooms

7) Name of Operator or Manager

Date

Signature and Title

Print Name

¹ Pursuant to Ordinance No. 693 - §4, this form must be submitted within thirty days after beginning a business or before October 1, 2005. Failure to do so could result in penalties per §22 of the Ordinance.

City of Brownsville
PO Box 188 ♦ 255 N. Main Street
Brownsville, OR 97327
(541) 466-5666

Transient Room Tax Return

Please be sure this form is complete and accurate. Penalties and interest accrue monthly for delinquency.

Please notify City Hall immediately of any CHANGE OF ADDRESS.

IF THE BUSINESS IS DISCONTINUED OR SUSPENDED, a closing return must be filed immediately with the Tax Administrator at City Hall and the tax due must be paid. Change of ownership cannot be recorded until this is done.

CHECKS, DRAFTS, POSTAL NOTES AND MONEY ORDERS in the exact amount of tax due are accepted by the Tax Administrator, only as agent of the taxpayer, and do not constitute payment until the forms of payment have cleared the financial institution.

REMITTANCE: To avoid penalty, be sure proper remittance is enclosed.

Make checks payable to:

CITY OF BROWNSVILLE

Please make a copy for your records.

- | | |
|-----------------------------------|----------|
| 1. Taxable Rent ¹ | \$ _____ |
| 2. Tax (6% of Line 1) | \$ _____ |
| 3. Excess Tax Collected | \$ _____ |
| 4. Total Tax (Line 2 + 3) | \$ _____ |
| 5. Collection Fee (5% of line 4) | \$ _____ |
| 6. Total Tax Due (Line 4 - 5) | \$ _____ |
| 7. Penalty ² | \$ _____ |
| 8. Interest ³ | \$ _____ |
| 9. Adjust for prior over or short | \$ _____ |
| 10. 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.

Signed: _____

Name: _____

Title: _____

Date: _____

¹ Gross rent paid by Transients as defined in Chapter 3.25 of the Brownsville Municipal Code.

² Ten percent (10%) on last day of month due. Fifteen percent (15%) plus original 10% over 30 days delinquent.

³ One percent (1%) per month, exclusive of penalties, from date of delinquency.