

**CITY OF ROSEBURG**  
**OFFICE OF THE FINANCE DIRECTOR**  
**900 SE DOUGLAS AVE, ROSEBURG, OR 97470-3333**

NAME \_\_\_\_\_

PERIOD COVERED \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE DUE \_\_\_\_\_

DELINQUENT AFTER \_\_\_\_\_

*PLEASE FILL OUT THIS FORM COMPLETELY AND CORRECTLY. PENALTIES AND INTEREST WILL BE CHARGED FOR DELINQUENCY.*

**CALCULATION SECTION**

**NUMBER OF ROOMS** \_\_\_\_\_

CHANGE OF ADDRESS must be filed and reported immediately to the Office of the Finance Director.

IF BUSINESS IS DISPOSED OF OR SUSPENDED, closing return must be filed immediately at the Office of the Finance Director in City Hall, and any tax must be paid. No change of ownership can be recorded until this is done.

CHECKS, CASH, OR MONEY ORDERS in the exact amount of the tax due are accepted by the Office of the Finance Director only as agent of the taxpayer and do not constitute payment until cleared. *Please do not send cash through the mail.* The Office of the Finance Director assumes no responsibility for loss in transit.

REMITTANCE: Avoid penalty - be sure proper remittance is enclosed.

**MAKE CHECKS PAYABLE TO  
CITY OF ROSEBURG**

1. GROSS RENT		\$ _____
<i>ALLOWABLE DEDUCTIONS</i>		
2. Online Travel Agency Revenue	\$ _____	
3. Rents ( <b>Extended - 46+ consecutive days</b> )	\$ _____	
4. Rents less than \$5 per day	\$ _____	
5. Federal Government ( <b>Must be paid directly by agency not individual</b> )	\$ _____	
6. Total Allowable Deductions (Lines 2, 3, 4,5)		\$ _____
7. Taxable Rents (Line 1 minus Line 6)		\$ _____
8. TAX 8% (.08) of Line 7		\$ _____
9. Motel Owners Retention - 5% (.05) of Line 8		\$ _____
10. TOTAL TAX Due (Line 8 minus Line 9)		\$ _____
11. Penalty (10% of Line 10) Applicable if tax not paid by Delinquency Date		\$ _____
12. Interest (1.5% per Month) Applicable if tax not paid by Delinquency Date		\$ _____
13. Adjustment for Prior Overpayment or Shortage		_____
14. TOTAL TAX, PENALTY AND INTEREST to be paid (Line 10 plus 11,12, plus/minus line 13)		\$ _____
<b><i>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.</i></b>		
Signature	Date	
Name (Printed)		

**Complete Online Travel Company Activity Report on reverse side**

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**Report of Gross Receipts from Transient Lodging Intermediaries**

	Online Travel Company	Payment Received for Quarter
1	Company name of transient lodging intermediary Address	\$
2	Company name of transient lodging intermediary Address	\$
3	Company name of transient lodging intermediary Address	\$
4	Company name of transient lodging intermediary Address	\$
5	Company name of transient lodging intermediary Address	\$
6	Company name of transient lodging intermediary Address	\$
7	Company name of transient lodging intermediary Address	\$
8	Company name of transient lodging intermediary Address	\$
9	Company name of transient lodging intermediary Address	\$

**Total** (should equal total on line 2 of page 1): \$ \_\_\_\_\_

***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 \_\_\_\_\_

Date \_\_\_\_\_

Name (Printed) \_\_\_\_\_