



Oregon Lodging Tax Quarterly Return

City of Dayton
 PO Box 339
 Dayton OR 97114
 (503) 864-2221
 cityofdayton@ci.dayton.or.us
 www.dayton.or.us

For City of Dayton Use

| | | | | | | |
|-------------------------------|-------------|---------|----------------|---|---|---|
| Year | 2018 | Quarter | 1 | 2 | 3 | 4 |
| Due Date: | | | | | | |
| Amount Paid: | | | Date Received: | | | |
| Business Registration Number: | | | | | | |

Due Dates:

| | |
|----------------------------|----------------------|
| Quarter 1 (Jan, Feb, Mar) | Due Date: April 30th |
| Quarter 2 (Apr, May, Jun) | Due Date: July 31st |
| Quarter 3 (Jul, Aug, Sept) | Due Date: Oct 31st |
| Quarter 4 (Oct, Nov, Dec) | Due Date: Jan 31st |

Business Information

| | | | | | |
|-----------------|------------------|--|----|-----|------------------|
| Tax Quarter | Physical Address | | | | DAYTON, OR 97114 |
| Business Name | Owner/Operater | | | | |
| Mailing Address | City | | ST | Zip | |

Closure or change in ownership? Yes No

New Owner/Operator Information (include DBA)

| | | | |
|---|-------|--|-----------|
| Name | Phone | | |
| Mailing Address | City | | ST Zip |
| Business was: <input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Closed | Date: | | |

| | | | | |
|--|----|----|-------|---|
| 1 Total gross receipts for lodging..... | 1 | \$ | | |
| 2 Reduction to gross receipts (see instructions) | | | | |
| 2a Long-term or monthly lodging..... | 2a | \$ | | |
| 2b Total reduction to gross receipts (line 2a) | 2b | \$ | | |
| 3 Total taxable gross receipts for lodging (subtract line 2b from line 1) | 3 | \$ | | |
| 4 Tax Rate | 4 | \$ | x .08 | |
| 5 Tax Due (multiply line 3 by line 4) | 5 | \$ | | |
| 6 Administrative fee rate | 6 | \$ | x .05 | |
| 7 Administrative fee (multiply line 5 by line 6) This will reduce your tax | 7 | (| |) |
| 8 TOTAL TAX DUE (subtract line 7 from line 5) | 8 | \$ | | |

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

| | |
|-------------------------|-------|
| Signature | Date |
| PRINT name signed above | Phone |
| Title | |

Mail this return to:
 City of Dayton
 Transient Lodging Tax Dept
 PO Box 339
 Dayton, OR 97114

Revised (12-22-15)

Keep a copy for your records.