

CITY OF LA GRANDE/UNION COUNTY
TRANSIENT ROOM TAX
MONTHLY REPORT

OWNER _____ BUSINESS NAME _____

BUSINESS ADDRESS _____ PHONE _____

NUMBER OF ROOMS _____ PERIOD COVERED _____ TO _____

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1. Gross Rents-----\$ _____
 2. Rent by the month-----\$ _____
 3. Rent less than \$2 per day-----\$ _____
 4. Total allowable deductions (line 2 plus 3)-----\$ _____
 5. Taxable rents (line 1 minus 4)-----\$ _____
 6. Tax @ 6% of line 5 (City of La Grande)-----\$ _____
 7. Tax @ 3% of line 5 (Union County)-----\$ _____
 8. Add excess tax collected -----\$ _____
 9. TOTAL TAX COLLECTED: (line 6, 7 and 8)-----\$ _____
 10. Operator's Collection Fee (5% of line 6)-----\$ _____
 11. Operator's Collection Fee (5% of line 7)-----\$ _____
 12. TOTAL TAX DUE (line 9 minus lines 10 & 11)-----\$ _____
 13. PENALTY: (10% if fail to remit any tax imposed by Ordinance prior to delinquency.
A second delinquent penalty of 15% if 30 days past first delinquency.) \$ _____
 14. INTEREST: (.5% per month of the amount of tax due, excluding penalties, from the
date on which the remittance first became delinquent until paid.)----\$ _____
 15. Adjustments for prior shortage or (overpayments)-----\$ _____
 16. TOTAL TAX, PENALTY AND INTEREST: (line 12 plus 13, 14 and 15; or subtract line
15 if overpayment)-----\$ _____

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 _____ DATE _____

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SEND PAYMENT TO: THE CITY OF LA GRANDE
PO BOX 670
LA GRANDE, OR 97850

PAYMENTS ARE DUE BY THE 15TH OF THE MONTH

Please call our office @ 541-962-1313 if you have questions calculating interest or penalties.

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- FOR TAX ADMINISTRATOR USE ONLY -
 - DATE FILED _____
 - CHECKED AND RECEIPTED BY _____