



Garibaldi City Hall
 107 Sixth Street / PO Box 708
 Garibaldi OR 97118
 Phone: 503-322-3327
 Email: city@ci.garibaldi.or.us

TRANSIENT ROOM TAX REMITTANCE

VENDOR INFORMATION:

Contact Person: _____
 Office Address: _____
 Office Phone Number: _____
 Number of Rental Units: _____ # Units
 Has number changed since last report?
 No Yes: _____

Map / Tax Lot: _____

FOR PERIOD (CHECK ONE):

		<i>PAYMENT DUE BY</i>	<i>DELINQUENT IF NOT PAID BY</i>
<input type="checkbox"/>	1ST QUARTER (Jan., Feb., and March)	APRIL 15	APRIL 30
<input type="checkbox"/>	2ND QUARTER (April, May, and June)	JULY 15	JULY 31
<input type="checkbox"/>	3RD QUARTER (July, Aug., and Sept.)	OCTOBER 15	OCTOBER 31
<input type="checkbox"/>	4TH QUARTER (Oct., Nov., and Dec.)	JANUARY 15	JANUARY 31

Transient Room Taxes are delinquent as of the last day of the month in which they are due.
 Fees are assessed on delinquent accounts pursuant to Section 8 of Ordinance 174.

ALCULATION OF TAX:

1. Taxable rent for period:
 Month 1: _____ Month 2: _____ Month 3: _____ TOTAL COLLECTED

2. Transient Room Tax (9% of Line 1) _____
3. Collection Fee Retained by Vendor (5% of Line 2) _____
4. Transient Room Tax Payable (Line 2 minus Line 3) _____
5. Late fee included (Line 4 X 10%) _____

 Signature

 Date

PLEASE REMIT TO: City of Garibaldi, PO Box 708, Garibaldi OR 97118

Office Use Only

Amount Received: _____
 Receipt No.: _____

Date: _____
 By: _____