



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: \* Required**

Contact Person\*: \_\_\_\_\_

Business Name\*: \_\_\_\_\_

Office Address: \_\_\_\_\_

DBA\*: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Property Address\*: \_\_\_\_\_

Number of Rental Units: \_\_\_\_\_ # Units

Has number changed since last report? No  Yes: \_\_\_\_\_

**FOR PERIOD (CHECK ONE):**

*PAYMENT  
DUE BY*

- 1ST QUARTER (Jan., Feb., and March) APRIL 30
- 2ND QUARTER (April, May, and June) JULY 31
- 3RD QUARTER (July, Aug., and Sept.) OCTOBER 31
- 4TH QUARTER (Oct., Nov., and Dec.) 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.

**CALCULATION 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: \_\_\_\_\_  
By: \_\_\_\_\_

Date: \_\_\_\_\_  
Map & Tax Lot: \_\_\_\_\_