## COMBINE PAYMENT LODGING TAX RETURN CONFIDENTIAL



ax computation for the quarter ending:	Pay by
ax compulation for the quarter enging.	

	s demperation for the quarter entities	Month 1	Month 2	Month 3	Total	
1.	Gross Rent – Including online travel companies (OTC's)					
2.	Deductions: Rent for more than 27 days					
3.	Deductions: Rent from online travel companies (OTC's)					
4.	Deductions: Federal Government Exemption					
5.	Adjusted Gross Rent (line 1 minus lines 2, 3 and 4)					
6.	Tax On Adjusted Gross Rent (12% of line 5)					
7.	Operator Administration (5% of line 6)					
8.	Current Tax Due (line 6 minus line 7)					
9.	Penalties For Late Payment (10% of line 8)					
10.	Interest For Late Payment (1% of tax per month late)			_	_	
11.	Tax Overpayment – Prior Quarter					
12.	Tax Underpayment – Prior Quarter					
13. 11)	Total Amount Due (add lines 8, 9,10 and 12, minus line					
Please answer the following questions:						
1.	Total calendar days during quarter					
2.	Number of rooms/suites in your establishment					
3.	Total rooms/suites available (line 2 multiplied by line 1)					
	Total rooms/suites rented during the quarter <u>excluding</u> C*-booked (include all regular/exempt rooms booked, lude OTCs*)					
	Total rooms/suites rented during the quarter from OTCs* clude all regular rooms and exempt rooms booked through d party OTCs*)					
To the best of my knowledge, I declare the information supplied herein to be correct and true.						
	Signature	Т	itle			
	Date	Phone	Number			

If the business is disposed of or suspended a closing return must be filed immediately, and tax due must be paid. No change in ownership can be recorded until this is done. For questions, please call Carl Kutschke at 541-450-6039. Remit payments to City of Grants Pass, 101 NW A St., Grants Pass, OR 97526. \* OTC = Online Travel Company

## City of Grants Pass Lodging Tax Form (OTC) Detail

Online Travel Company (OTC) Name	Amount Received
Expedia	
Hotel Tonight	
Priceline	
Other OTCs	
This line should equal the amount on "Line 3" on page one. This form can be substituted.  Total	
1 O tul	

RECEIPT #_	DATE:	INITIALS:
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