CITY OF SEASIDE TRANSIENT ROOM TAX RETURN

PERIOD ENDING: _____

DUE DATE:

BE SURE THIS FORM IS FILLED IN COMPLE 15TH OF MONTH EVEN IF PAYMENT CANNO		LD BE FILED BY THE
MAKE CHECKS PAYABLE TO: CITY OF SEASIDE 989 BROADWAY, SEASIDE, OR. 97138 Phone: 503-738-5511 Fax: 503-738-5514	ACCOUNTING PERIOD Period Ending: 3/31 Period Ending: 6/31 Period Ending: 9/30 Period Ending: 12/31	Due Date: 04/15 Due Date: 07/15
 GROSS RENT	\$ \$	
 Airbnb Revenue	you\$(Line 2 through Line 5)\$_	
 8. TAX - 10% of TAXABLE RENTS (0.10 X 9. EXCESS TAX COLLECTED 10. TOTAL TAX COLLECTED. (Line 8 plus leg) 	\$_	
11. COLLECTION FEE 5% of total tax collected 12. TOTAL TAX DUE (Line 10 minus Line 11 PLEASE PAY THE AMOUNT CALCULATED OF YOU HAVE BEEN CONTACTED BY THE CITY PAYMENTS ON PREVIOUS RETURNS.)\$_ ON LINE 12 UNLESS YOUR	RETURN IS LATE OR
IF YOUR RETURN IS FILED AFTER THE LAST IT THE FOLLOWING:		
13. PENALTY (Line 12 x 10%)	\$	
"I DECLARE UNDER PENALTY OF MAKING A KNOWLEDGE AND BELIEF, THE STATEMENTS		
Signature	VRD ADDRESS	
PLEASE PRINT VRD OWNERS NAME	E-MAIL ADDRESS	