



CITY OF ALBANY TRANSIENT LODGING TAX RETURN

Name:	Account Number:
C/O:	Tax Month:
Address:	Date Due:
City/State/Zip Code:	Number of Rooms:

1. Total gross rent (including city, county and state taxes collected):	\$	[]	
Allowable Deductions:			
a. Oregon State tax collected	\$ ([])	
b. Rent paid by month (guests paying for room for more than 30 consecutive days)	\$ ([])	
c. Rent paid by federal employee	\$ ([])	
d. Rent for temporary emergency housing (paid by Red Cross or other relief organization)	\$ ([])	
e. Rent less than \$2 per day	\$ ([])	
f. Rent payments made through an online travel company (OTC) <small>(tax is to be collected and remitted by OTC)</small>	\$ ([])	
2. Total allowable deductions (total of a. through f.)	\$ ([])	
3. Adjusted gross rent	\$	[]	
4. Taxable rents (line 3 divided by 1.12; 9% for City of Albany; 3% for Linn County)	\$	[]	
5. Transient room tax collected (line 3 minus line 4)	\$	[]	
6. Add any excess tax collected	\$	[]	
7. Total tax collected (line 5 plus line 6)	\$	[]	
	City of Albany	\$	Linn County
8. Show tax collected (City of Albany 75% of line 7; Linn County 25% of line 7)	\$	[]	\$ []
9. Operator's compensation (5% of line 8)	\$	[]	\$ []
10. This month's tax (line 8 minus line 9)	\$	[]	\$ []
11. Penalty (Delinquent payments will be charged a penalty in accordance with AMC 3.14.120 & LCC 770.600)	\$	[]	\$ []
12. Interest (Delinquent payments will be charged interest in accordance with AMC 3.14.120 & LCC 770.610)	\$	[]	\$ []
13. Adjustments for prior shortage or overpayment	\$	[]	\$ []
14. Total tax, penalty, and interest (sum of lines 10, 11, and 12, plus or minus line 13)	\$	[]	\$ []
15. Total city and county transient lodging tax payment	\$	[]	

Change of ownership: If a business is disposed of or suspended, this form must be filed, tax must be paid, and the Finance Department must be notified immediately.

Delinquency: Taxes are considered delinquent on the last day of the month in which they are due.

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.

Signature	Date
Printed name	Title

Remit to: City of Albany Finance Department PO Box 490 Albany, OR 97321	For questions: Denise Valentino Accounting Specialist denise.valentino@cityofalbany.net 541-917-7533
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