



**Tillamook
County**

Transient Lodging Tax Quarterly Return

* REQUIRED FIELDS

FOR OFFICE USE ONLY
Date received _____
Payment received _____

<input type="checkbox"/> New mailing address
<input type="checkbox"/> Amended return
<input type="checkbox"/> Final return <input type="checkbox"/> Sold <input type="checkbox"/> Closed
Date sold/closed _____

Tax Year*	Quarter*	Due Date*	TLT ID#*

Mailing address:			Rental site address:		
Name*			Nickname (if any)		
Address*			Address*		
City*	State*	Zip*	City*	State*	Zip*
			OR		

A. If ownership or management has changed, complete the following:

New <input type="checkbox"/> Owner <input type="checkbox"/> Manager	Name	Phone	
	Address		
Date of change	City	State	Zip

B. Number of units **available** for rent.....

C. Number of units **rented**.....

D. Total number of **nights occupied** (see instructions).....

B*	
C*	
D*	

1. **Total lodging receipts** – All rent and non-optional fees *other than taxes*.....

1*	\$	
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2. **Reduction in lodging receipts** (see instructions):

2a. Long-term/monthly rentals.....

2b. Federal employees on federal business.....

2c. Qualified intermediary* rent and non-opt. fees *other than taxes*: Airbnb
 Homeaway/VRBO
 Others (name) _____

*Qualified intermediaries pay the tax directly to Tillamook County

2d. **Total reduction in lodging receipts** (add lines 2a thru 2c4).....

2a	\$	
2b	\$	
2c1	\$	
2c2	\$	
2c3	\$	
2c4	\$	
2d	\$	

3. **Taxable lodging receipts** (line 1 minus line 2d)..... If zero, stop here.

4. **Tax rate** (see instructions).....

5. **Tax** (multiply line 3 by line 4).....

6. **Deduction** for collecting, recording, and filing (-5% of line 5).....

7. **Adjustment** for prior overage (-) or shortage (+) (attach notice or explanation).....

8. **TAX DUE** (add lines 5 thru 7).....

3*	\$	
4*		
5*	\$	
6	\$	
7	\$	
8*	\$	

IMPORTANT: Quarterly return is required even if you owe no tax.

If you have no lodging receipts, file a zero return to keep your account current.

Under penalty of false swearing, I declare that the information in this return and any attachments is true, correct, and complete.

Signature* _____ Date* _____

PRINT Name* _____ Title* _____ Phone* _____

Email* _____

To avoid interest and penalties, mail your return with payment **before the due date** to: Tillamook County Community Development/TLT
 Make your check or money order payable to **Tillamook County TLT.** 1510-B Third Street
 Please include your TLT# and tax quarter on your check. Tillamook, OR 97141