

# Transient Lodging Tax Form

For complete information on Gold Hill Transient Lodging Tax see Gold Hill Municipal Code

>The fields on this form can be completed and the form can be printed, signed and submitted to the office with  
 >Or, saved and sent electronically via email to [jessica.simpson@ci.goldhill.or.us](mailto:jessica.simpson@ci.goldhill.or.us) or by Fax: 541-855-4501,  
 >Or, printed with blanks and filled in by hand, then submitted with payment.

**Please note: You will need to ensure that payment is received by the City of Gold Hill by the due date if you submit this form**

**Business Name:** \_\_\_\_\_ **Customer Number:** \_\_\_\_\_

**Owner/Operator:** \_\_\_\_\_

**Location(s):** \_\_\_\_\_

**Tax Computation for the Period Ending:**

Due Date

**If Due Date falls on a weekend or holiday the report and payment are due the next City of Gold Hill business day. Returns are due and payable and to be received at City Hall by the 15th of the month following the end of each reporting period.**

Tax obligation calculation:	Instructions:	
1. Gross rents received for the period	You Input	
2. Exemptions (see Gold Hill Municipal Code)	You Input	
3. Adjusted gross rents (line 1 minus line 2 of applicable exemption(s))	You Input	
4. Tax on adjusted gross rents (6% of line 3)	You Input	
5. Tax underpayment - prior period	You Input	
6. Tax overpayment - prior period	You Input	
7. Total amount due (add lines 4, 5, and 6)	You Input	

**Please answer the following questions:**

1. Total calendar days rooms were available during this period	You Input	
2. Number of rooms/suites in your establishment	You Input	
3. Total rooms/suites available (line 2 multiplied by line 1)	You Input	
4. Total rooms/suites rented during this period	You Input	

To the best of my knowledge and belief, I declare the information supplied by me herein is correct and true.

**Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Digital Signature is allowable if transmitted electronically with email address

**Date:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Return Form To:**

**Physical Address: 420 6th Ave Gold Hill, OR 97525**

**Mailing Address: P.O. Box 308 Gold Hill, OR 97525**

**Phone: (541) 855-1525 | Fax: (541) 855-4501 | Email: [jessica.simpson@ci.goldhill.or.us](mailto:jessica.simpson@ci.goldhill.or.us)**

