



**City of Bay City  
Transient Room Lodging Tax  
Quarterly Collection Forum**

*Please write the year and  
Check quarter box*

**Office Use Only**  
Date Received \_\_\_\_\_  
Check # \_\_\_\_\_  
\_\_\_\_ Original  
\_\_\_\_ Amendment  
\_\_\_\_ Delinquent

Mailing Address			Calendar Year-	Date Due By
Owners Name*			<b>Room Tax Quarter</b>	
Address*			1 <sup>st</sup> -Jan/Feb/Mar	<b>Apr 15</b>
City*	State*	Zip Code*	2 <sup>nd</sup> -Apr/May/Jun	<b>Jul 15</b>
<b>Physical Site Address</b>			3 <sup>rd</sup> -Jul/Aug/Sep	<b>Oct 15</b>
Rental Name*			4 <sup>th</sup> -Oct/Nov/Dec	<b>Jan 15</b>
Address*			<b>DELINQUENT ON THE 31<sup>ST</sup></b>	
City*	State*	Zip Code*	<b>Office Use only</b>	
Manager Name*			10% \$ _____	
Manager Phone Number*			After 30 Days + 10% fee	
			15% \$ _____	
			Interest 1% per Month	

- A. Has ownership changed since the last reporting period?  Yes  No
- B. Is this your final return because you closed or sold this business?  Yes  No
- Date business was  bought  sold  closed: \_\_\_\_\_ New owner/operator name: \_\_\_\_\_
- New owner's telephone number: \_\_\_\_\_
- C. Number of taxable rental properties.....
- D. Number of taxable units/sites available for rent.....
- E. Number of units/sites rented during the quarter.....

1. Total gross receipts for lodging sales.....	1	<input type="text"/>
2. Nontaxable lodging sales.		
2a. Long-term or monthly rentals.....	2a	<input type="text"/>
2b. Federal employees on business.....	2b	<input type="text"/>
2c. Federal instrumentalities.....	2c	<input type="text"/>
2d. Nontaxable lodging sales TOTAL (add lines 2a thru 2c).....	2d	<input type="text"/>
3. <b>Total taxable lodging sales</b> (subtract line 2d from line 1).....	3	<input type="text"/>
4. Tax rate.....	4	X0.09
5. <b>Tax due</b> (multiply line 3 by line 4).....	5	<input type="text"/>
6. Administrative fee rate.....	6	X0.05
7. Administrative fee (multiply line 5 by line 6) <i>This will reduce your tax</i> .....	7	<input type="text"/>
8. <b>TOTAL TAX DUE</b> (subtract line 7 from line 5).....	8	<input type="text"/>

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 signed above	Title	Telephone Number

Mail this return on or before the due date shown above to: City of Bay City  
Keep a copy for your records  
PO Box 3309  
Bay City OR 97107