



CITY OF GARIBALDI, OREGON

City Hall ♦ 107—6th Street (PO Box 708) ♦ Garibaldi OR 97118
 Phone: 503-322-3327 ♦ Fax: 503-322-3737 ♦ Email: city@garibaldi.gov

TRANSIENT ROOM TAX REMITTANCE

VENDOR INFORMATION:

Company Name _____

Address _____

City, State Zip _____

Map / Tax Lot: _____

Contact Person: _____

Office Address: _____

Office Phone Number: _____

Number of Rental Units: _____

Units _____

Has number changed since
last report?

No ☐

Yes: _____

FOR PERIOD (CHECK ONE):

PAYMENT
DUE BY

DELINQUENT IF
NOT PAID BY



1ST QUARTER (Jan., Feb., and March)

APRIL 15

APRIL 30



2ND QUARTER (April, May, and June)

JULY 15

JULY 31



3RD QUARTER (July, Aug., and Sept.)

OCTOBER 15

OCTOBER 31



4TH QUARTER (Oct., Nov., and Dec.)

JANUARY 15

JANUARY 31

Transient Room Taxes are delinquent as of the last day of the month in which they are due.
 Fees are assessed on delinquent accounts pursuant to Section 8 of Ordinance 174.

CALCULATION OF TAX:

1. Taxable rent for period: _____

2. Transient Room Tax (9% of Line 1) _____

3. Collection Fee Retained by Vendor (5% of Line 2) _____

4. Transient Room Tax Payable (Line 2 minus Line 3) _____

5. Late fee included (Line 4 X 10%) _____

Signature _____

Date _____

PLEASE REMIT TO: City of Garibaldi, PO Box 708, Garibaldi OR 97118

Office Use Only

Amount Received: _____

Receipt No.: _____

Date: _____

By: _____