UNION COUNTY
TRANSIENT ROOM TAX
MONTHLY REPORT

OWNER_____ BUSINESS NAME _____

BUSINESS ADDRESS _____PHONE _____

NUMBER OF ROOMS _____ PERIOD COVERED _____ TO _____

CALCULATION SECTION

1. Gross Rents ..... $_____
2. Rent by the Month ..... $_____
3. Rent less than $2 per day ..... $_____
4. TOTAL ALLOWABLE DEDUCTIONS (line 2 plus line 3) ..... $_____
5. Taxable Rents (line 1 minus line 4) ..... $_____
6. Tax at 3% of line 5 (Union County) ..... $_____
7. Add Excess Tax Collected ..... $_____
8. TOTAL TAX COLLECTED (line 6 plus line 7) ..... $_____
9. Operator's Collection Fee (5% of line 8) ..... $_____
10. TOTAL TAX DUE (line 8 minus line 9) .....$_____
11. PENALTY ..... $_____
12. INTEREST ..... $_____
13. Adjustments for Prior Shortage or Overpayments ..... $_____

TOTAL TAX, PENALTY AND INTEREST (total of lines 10, 11, 12, & 13;
or subtract line 13, if overpayment $_____

I DECLARE, UNDER PENALTY OF MAKING A FALSE STATEMENT, THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT STATEMENTS HEREIN ARE CORRECT AND TRUE.

SIGNED _____DATE _____

Payments are due by the 15th of the Month
Make Checks Payable to UNION COUNTY
Mail Monthly Report and Check to:
Commissioners Office 1106 K Avenue La Grande, OR 97850

-FOR TAX ADMINISTRATOR USE ONLY-

Date Filed _____ Checked and receipted by _____