



TRANSIENT LODGING TAX MONTHLY REPORT

Month Covered : _____

Mailing Address	Physical Address (not required for transient lodging intermediaries)
Name: _____	Name: _____
DBA Name: _____	Address: _____
Address: _____	City/State/Zip Code: _____
City/State/Zip Code: _____	Phone number: _____
Phone number: _____	

CALCULATION SECTION

1. **Gross Rent:** \$ _____
2. Allowable Deductions:
 - 2a. Rent (long-term or monthly): \$ _____
 - 2b. **Federal** Government Contracts \$ _____
 - 2c. Gross receipts from transient lodging intermediaries*** \$ _____
 ***(Lodging intermediaries report required)
 - 2d. Total allowable deduction to gross rents (sum of 2a, 2b & 2c): \$ _____
3. **Taxable Rents (subtract line 2d from line 1)** \$ _____
4. **Tax** (9% of line 3) \$ _____
5. DEDUCT 5% Collection Reimbursement Charge to be retained by Collector
(5% of line 4) \$ _____
6. **Total Tax Due** (Line 4 less Line 5) \$ _____
7. ADD Penalties
 - 7a. Penalty on total tax due at 10% (one-time penalty)
(If received after last day of month due)
Line 6 x .10 \$ _____
 - 7b. Penalty on total tax due at 15% (one-time penalty)
(If not received prior to expiration of 31 days following delinquent date)
Line 6 x .15 \$ _____
 - 7c. Interest on tax due at 10% per year (in addition to penalties above)
(Calculated from the delinquent date until paid) \$ _____
 - 7d. Total penalties (sum of 7a, 7b & 7c): \$ _____
8. **TOTAL TAX, PENALTY & INTEREST** (sum of line 6 and line 7) \$ _____

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

Signature

Date

Print Name

Make checks payable to the City of Redmond

Due on or before the 15th day of the month following each month of collection, delinquent the last day of the month.

City of Redmond
Report of Gross Receipts from Transient Lodging Intermediary

Complete with all known information

		Payment received:
1	Company name of transient lodging intermediary	
	Address:	
	Phone number:	
2	Company name of transient lodging intermediary	
	Address:	
	Phone number:	
3	Company name of transient lodging intermediary	
	Address:	
	Phone number:	
4	Company name of transient lodging intermediary	
	Address:	
	Phone number:	
5	Company name of transient lodging intermediary	
	Address:	
	Phone number:	
6	Company name of transient lodging intermediary	
	Address:	
	Phone number:	

Total (should equal total on line 2c of page 1)