



## Quarterly Transient Lodging Tax Return

Remit to: City of Joseph  
 PO Box 15  
 Joseph, OR 97846

Account #: \_\_\_\_\_ (Use Wallowa County Number)

Number of Rooms/Units \_\_\_\_\_

Business Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

Circle Quarter & Due Date			
1 <sup>st</sup> Qtr.	2 <sup>nd</sup> Qtr.	3 <sup>rd</sup> Qtr.	4 <sup>th</sup> Qtr.
Due Date	Due Date	Due Date	Due Date
Apr 30	Jul 31	Oct 31	Jan 31

### CALCULATION OF TAX RETURN

1. TAXABLE RENTS (line 4 from the Wallowa County Quarterly Return + VRBO)	
2. GROSS TAX (3% of line 1)	
3. COLLECTION EXPENSE (5% of Line 2)	
4. NET TAX DUE (Line 2 minus Line 3)	
5. PENALTIES & INTEREST (IF ANY)	
<b>SUM DUE (TOTAL OF LINE 4 PLUS LINE 5)</b>	

I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the figures are correct and true.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

TAXES FOR THE CITY OF JOSEPH ARE EFFECTIVE STARTING 2<sup>ND</sup> QUARTER OF 2003 (4-1-03)

Attach a copy of Wallowa County Quarterly Motel Tax Return for Quarter covered by this return.

**Forms/payments MUST be received by the City of Joseph on or before the end of the month that payment is due. Weekends, holidays, or office closures DO NOT change the due date. PAYMENTS MUST BE IN THE OFFICE THE MONTH THEY ARE DUE. POSTMARKS ARE NOT ACCEPTED. THERE IS A PAYMENT BOX OUTSIDE CITY HALL FOR YOUR CONVENIENCE.**