

Quarterly Transient Lodging Tax Return

Remit to: City of Joseph
PO Box 15
Joseph, OR 97846 Circle Quarter & Due Date

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Qtr. | 2nd Qtr. | 3rd Qtr. | 4th Qtr. |
| Due Date | Due Date | Due Date | Due Date |
| Apr 30 | Jul 31 | Oct 31 | Jan 31 |

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

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

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

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| TAXES FOR THE CITY OF JOSEPH ARE EFFECTIVE STARTING 2ND QUARTER OF 2003 (4-1-03) |

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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.**