

City of Joseph Quarterly Transient Lodging Tax Return

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

Account # _____ (Use Wallowa County No.)

Number of Rooms/Units _____

Circle Quarter & Due Date

Business Name _____

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

Property Address _____

CALCULATION OF TAX RETURN	
	AMOUNT
1. TAXABLE RENTS (from line 4, Wallow Country Quarterly Return)	
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)	
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: _____

TAXES FOR THE CITY OF JOSEPH ARE AFFECTIVE STARTING 2ND QUARTER OF 2003 (4-1-03)

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

Forms/Payment 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.