

**GRANT COUNTY CHAMBER OF COMMERCE  
TRANSIENT ROOM TAX FILING FORM**

Please circle the correct filing date

April 15

July 15

October 15

Januray 15

Previous \_\_\_\_\_ Quarter, 20\_\_\_\_

**TOTAL DOLLARS RECEIVED EACH MONTH FOR ROOM/TENT/RV SPACE RENTAL**

	RV/Tent Space	Hotel/Motel	TOTAL
1 First month of quarter	_____	_____	_____
2 Second month of quarter	_____	_____	_____
3 Third month of quarter	_____	_____	_____
4 Total of lines 1, 2 & 3	_____	_____	_____
5 Less Exemptions from tax, per Section 5 of County Ordinance	_____	_____	_____
6 Total Occupancy \$'s (line 4 minus line 5)	_____	_____	_____
7 Transient Room Tax Rate (8%)	0.08	0.08	0.08
8 Total Transient Room Tax (line 6 X line 7)	_____	_____	_____
9 Less Collection Fee (total of line 8 X .05)	_____	_____	_____
10 Total Tax Due	_____	_____	_____
11 Number of spaces/rooms rented	_____	_____	_____
	First Month	Second Month	Third Month
	_____	_____	_____

I declare, under pentaly of making false statements that to the best of my knowledge, the information herein is an accurate reflection of transient room tax collected during the above referenced quarter.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Name of Business \_\_\_\_\_

**REMIT FORM AND PAYMENT TO**

Grant Country Chamber of Commerce  
301 West Main Street  
John Day, OR 97845  
(541)575-0547

**For Questions Call**