

Tax Year 2005

FOR OFFICE USE ONLY			
Date Received			
t			
Payment Received			
•			
Payment Received			

	Quarter	Due Date	Business Identification	n Number (BIN)	Program Code	Year	Period	Liability
1	01/01/05 to 03/31/05	April 30, 2005	•		525	05	03	1
1st Quarter Mailing	Address:	1		an amended Check if yes.	Federal E	mployer	Identification N	lumber (FEIN)
Ū							nust be filed an	
			Dhysia	al Cita Addra	•	o the Ore	egon Departme	nt of Revenue
			Physica	al Site Addre	SS.			
See ha	ack for instructions.							
Numbe	r of taxable rooms or spaces	Final return? C	heck if yes: Own	ership chang	e since last r	eportin	g period? c	heck if yes:
1. Tota	al gross receipts for lodging	g sales				1 	\$	
2. Les	s non-taxable lodging sales.	Stop! See instructions				2 • <u>:</u>	\$	
	al taxable lodging sales (s	•					\$	
	rate						× 0.	01
	due (multiply line 3 by 1%)						\$	
	ninistrative fee rate						× 0.	05
	s administrative fee (multiply							
8. TO	TAL TAX DUE (subtract line	7 from line 5)				8 • :	\$	
	RATION: I declare under the pe correct, and complete.	nalties for false swearing [ORS	305.990(4)] that I h	ave examined	this documen	t and to	the best of m	y knowledge
Signature			С	ate				
X DDINT N	ame Signed Above		Title		Tol	ephone N	lumbor	
LUINI ING	arrie Signeu Above		Title		(ерноне іч)	
Mail this	return on or before the due d	ate shown above to: STATE	OF OREGON LO	OGING TAX.	OREGON DE	PARTI	/ //ENT OF RI	EVENUE
		РО ВО	X 14110, SALEM (10			
PLEAS	E DO NOT DETACH VOUC	HER			PLEASE L	ON O	I DETACH	VOUCHER
	Ctata	of Overen Ledging'	Tov	For Tax Y	/aar Date	Received	d at Revenue	\neg
11	State	of Oregon Lodging	ıax	200	I			T
-				200	J			
1st Quarte	er Pro	ogram: 525 05 03	1		Ent	er Pavm	nent Amount	1
	Dυ	ie Date: April 30, 2005	i					
	BI	N:		\$				
2)	Mailing Address:		Dhysiael C	ito Addross:				
(Rev. 2-05)	Mailing Address:		Filysical S	ite Address:				

Number of rooms or spaces: Enter the number of rooms or spaces available for rental.

Final return: If this business is disposed of or closed, a "Final Return" must be filed immediately and the tax due must be paid. Write "Final Return" across the top of your return.

Ownership change since last reporting period: If this applies to your business, please complete on a separate sheet and attach to return:

- Name and Address of Previous Owner, or
- Name and Address of Subsequent Owner.

Line 1. Enter the total lodging gross receipts for the reporting period on this line. "**Lodging**" is defined as hotel, motel, and dwelling units designed for temporary, overnight human occupancy, and also includes spaces designed for parking recreational vehicles during periods of human occupancy.

Line 2. You must complete and include the worksheet below. Enter the total from this worksheet **on line 2.**

Less: Allowable deductions:

A. Long-term or monthly rentals	\$
B. Federal employees on business	\$
C. Other (describe)	\$
TOTAL (enter on line 2 of return)	\$

Line 3. Subtract line 2 from line 1 to determine your total taxable lodging sales. The total of your taxable lodging sales cannot be less than zero. Enter the total on line 3.

Line 5. Multiply line 3 by the tax rate of 1 percent (0.01).

Line 6. The lodging provider is allowed to withhold 5 percent of the state lodging tax proceeds as an administrative fee to cover the costs of record keeping, reporting, and collecting the tax.

Line 7. Multiply line 5 by 5 percent (0.05).

Line 8. Subtract line 7 from line 5. This is your total tax due. The total tax due cannot be less than zero. Enter the total on line 8.

Sign and date your return. Please do not use red ink or staple your check or money order to this return.

Mail original return with check payable to:

STATE OF OREGON LODGING TAX OREGON DEPARTMENT OF REVENUE PO BOX 14110 SALEM OR 97309-0910

General Information

Each lodging provider is required to file a return and pay the tax quarterly. You must file a return even if there is no tax collected for the reporting period. The tax is imposed on each overnight stay in a temporary dwelling unit designed for human occupancy (ORS 305.824).

A penalty is imposed if you mail your return and pay the tax after the due date. The penalty is 5 percent of the unpaid fee. If you file more than three months after the due date, add an additional penalty of 20 percent of the unpaid tax.

Interest is imposed on any unpaid tax from the due date until the date payment in full is received. The current interest rate is 5 percent annually.

Due Date

Your tax return and payment of the tax is due on or before the last day of the month following the end of each quarter. Please do not send returns or payments monthly. The due dates are: April 30, July 31, October 31, and January 31.

What is the applicable law?

Chapter 305.824 of the Oregon Revised Statues.

Taxpayer assistance

Telephone:

Salem	503-378-4988
Toll-free within Oregon	1-800-356-4222

TTY (hearing or speech impaired; machine only): 503-945-8617 (Salem) or 1-800-886-7204 (toll-free within Oregon).

Americans with Disabilities Act (ADA): This information is available in alternative formats. Call 503-378-4988 (Salem) or 1-800-356-4222 (toll-free within Oregon).

For general tax information: www.oregon.gov/DOR



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	Quarter	Due Date	Business Identifica	ation Number (BIN)	Program Code	Year	Period	Liability
2	04/01/05 to 06/30/05	July 31, 2005	+		525	05	06	1
Pnd Quarter Mailing	Address:			nis an amended rn? Check if yes.	1 1 1	Employer I	dentification N	lumber (FEIN
J				, , , , , , , , , , , , , , , , , , , ,	Change of A		nust be filed ar	
			Dhu	siaal Cita Addus	-	to the Ore	gon Departme	nt of Revenue
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See ha	ack for instructions.							
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	r of taxable rooms or spaces		heck if yes: Ov	•		. –		heck if yes:
	al gross receipts for lodging							
	s non-taxable lodging sales.							
	al taxable lodging sales (so	,				-	<u> </u>	
	rate						× 0.	01
	due (multiply line 3 by 1%)							
	ninistrative fee rate					-	× 0.	05
	s administrative fee (multiply							
8. TO 1	TAL TAX DUE (subtract line	7 from line 5)				8•\$	\$	
	RATION: I declare under the per correct, and complete.	nalties for false swearing [ORS	S 305.990(4)] that	I have examined	this documen	t and to t	the best of m	ıy knowledge
Signature				Date				
X DDINT N	and Olympia Albaria		Tin		T-1	NI		
PRINT No	ame Signed Above		Title		((ephone Ni	umber)	
Mail this	return on or before the due d	ate shown above to: STATE	OF OREGON I	ODGING TAX	OREGON DE	PARTM	IFNT OF RI	FVFNUF
		PO BO	X 14110, SALE		10			
PLEAS	E DO NOT DETACH VOUC	HER			PLEASE I	00 NO1	DETACH	VOUCHER
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2	State C	of Oregon Lodging	ıax	200				
2nd Quar	ter D		4					
		ogram: 525 05 06 le Date: July 31, 2005	ı	_	Ent	er Paym	ent Amoun	t
		• •		\$				
	BII	N:		Ψ				•
02)	Mailing Address:		Physica	I Site Address:				
Rev. 2-05	g : :::::::::::::::::::::::::::::		, 5.04					

Number of rooms or spaces: Enter the number of rooms or spaces available for rental.

Final return: If this business is disposed of or closed, a "Final Return" must be filed immediately and the tax due must be paid. Write "Final Return" across the top of your return.

Ownership change since last reporting period: If this applies to your business, please complete on a separate sheet and attach to return:

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Line 2. You must complete and include the worksheet below. Enter the total from this worksheet **on line 2.**

Less: Allowable deductions:

A. Long-term or monthly rentals	\$
B. Federal employees on business	\$
C. Other (describe)	\$
TOTAL (enter on line 2 of return)	\$

Line 3. Subtract line 2 from line 1 to determine your total taxable lodging sales. The total of your taxable lodging sales cannot be less than zero. Enter the total on line 3.

Line 5. Multiply line 3 by the tax rate of 1 percent (0.01).

Line 6. The lodging provider is allowed to withhold 5 percent of the state lodging tax proceeds as an administrative fee to cover the costs of record keeping, reporting, and collecting the tax.

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Sign and date your return. Please do not use red ink or staple your check or money order to this return.

Mail original return with check payable to:

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	Quarter	Due Date	Business Identifica	ation Number (BIN)	Program Code	Year	Period	Liability
3	07/01/05 to 09/30/05	October 31, 2005	†		525	05	09	1
Brd Quarter Mailing	Address:			nis an amended rn? Check if yes.		mployer I	dentification N	Number (FEIN)
J					Change of A		ust be filed ar	
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			Phys	sical Site Addre	988.			
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	of taxable rooms or spaces		heck if yes: OV			. –		heck if yes:
	I gross receipts for lodging							
	non-taxable lodging sales.							
	ı l taxable lodging sales (sા	•						
	rate					-	× 0.	01
	due (multiply line 3 by 1%)							
	inistrative fee rate						× 0.	05
	administrative fee (multiply							
8. T O T	AL TAX DUE (subtract line	7 from line 5)				8 • \$	5	
	ATION: I declare under the percorrect, and complete.	nalties for false swearing [ORS	305.990(4)] that	I have examined	this documen	t and to t	he best of m	ıy knowledge
Signature				Date				
X	Cirrard Abarra		Tills		T-1	NI		
PRINT Na	me Signed Above		Title		(ephone Ni	umber)	
Mail this	return on or before the due d	ate shown above to: STATE	OF OREGON I	ODGING TAX	OREGON DE	PARTM	IFNT OF RI	FVFNUF
		PO BC	X 14110, SALEI		10			
PLEASI	E DO NOT DETACH VOUC	CHER			PLEASE I	00 NO1	DETACH	VOUCHER
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3	State C	of Oregon Lodging	lax	200				
3rd Quarte	er Dry	ogram: 525 05 09	1			_		_
		ie Date: October 31, 2		_	Ent	er Paym	ent Amoun	[
	BII	•		\$				
	וום	141		7				
-05)	Mailing Address:		Physica	l Site Address:				
Rev. 2-05	-		-					

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4	10/01/05 to 12/31/05	January 31, 200)6 			525	05	12	1
4th Quarter Mailing A	Address:	1		is an amended rn? Check if yes.		Federal I	Employer	Identification N	Number (FEIN)
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			Dhys	ical Cita Addra		imediately	to the Ore	egon Departme	ent of Revenue
			Pilys	ical Site Addre	855.				
See bac	ck for instructions.								
								. 10	_
	of taxable rooms or spaces		? Check if yes: Ov					<u> </u>	check if yes:
	I gross receipts for lodging								
	non-taxable lodging sales.								
	I taxable lodging sales (so		,						
	rate							× 0.	.01
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	ATION: I declare under the percorrect, and complete.	nalties for false swearing [ORS 305.990(4)] that	I have examined	this	documen	it and to	the best of m	ny knowledge
Signature				Date					
Χ									
PRINT Nar	me Signed Above		Title			Tel	lephone N	lumber	
						()	
Mail this	return on or before the due d		ATE OF OREGON L BOX 14110, SALEI			GON DE	=PARIN	MENT OF R	EVENUE
PLEASE	E DO NOT DETACH VOUC	CHER	,		P	LEASE I	DO NO	T DETACH	VOUCHER
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Department of Revenue

Oregon
Theodore R. Kulongoski, Governor

955 Center St NE Salem OR 97301-2555

STATE OF OREGON LODGING TAX 2005 Information

Quarterly Tax Returns

Enclosed are **all four** quarterly tax return forms for the 2005 State of Oregon Lodging Tax program. Use them to report and pay the 1 percent tax imposed on overnight lodging sales. The due dates are shown on the returns.

The quarterly reporting periods and due dates are as follows. Please do not pay monthly.

Quarterly Reporting Periods and Due Dates			
Ending:	Due Date:		
03/31/05	04/30/05		
06/30/05	07/31/05		
09/30/05	10/31/05		
12/31/05	01/31/06		
	Ending: 03/31/05 06/30/05 09/30/05		

Please retain a copy of each completed return for your records.

Who Must File

Each lodging provider, who provides lodging to the general public, must register with the Department of Revenue and must file a State of Oregon Lodging Tax Return. If you question whether or not you are required to file returns for this tax program, please call the number listed below. Returns not filed by the due dates are subject to penalty and interest. Mail your returns and payments to: **OREGON DEPARTMENT OF REVENUE**, **PO BOX 14110**, **SALEM OR 97309-0910**.

If you did not provide lodging in Oregon this quarter, put a zero on the form and return it.

Business Identification Number

Each taxpayer is identified by a business identification number (BIN) assigned by the department. Your BIN has been entered on your quarterly return forms. Please refer to your BIN when filing all tax returns and in your inquiries with the department. Write your BIN on all payments made with your returns.

Questions?

For information, or if you have questions about your return or payments, please contact the program coordinator, Doneva Miletta, at 503-945-8123.