

### STATE OF OREGON LODGING TAX

**Quarterly Return** 

Tax Year 2008

### **IMPORTANT**

Please complete the required fields. After you have finished, click the button below to continue to the form.

REQUIRED—Business identification number (BIN):			
REQUIRED—Name and maili	ng address:		
- -			
REQUIRED – Physical addres	ss:		

You do not need to send in this page with your return.

Mail your completed return and payment voucher to:

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



# STATE OF OREGON LODGING TAX Quarterly Return

## Tax Year 2008

	FOR OFFICE USE ONLY
	Date Received
•	
t	Payment Received
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	Quarter	Due Date	Business Identifica	tion Number (BIN)	Program Coo		Period	Liability
					• 525	• 08	<u> </u>	1
Mailing	Address:		Federal Employer Ide	ntification Number (FEIN)	Amende	d return?	Yes	
iviaiiiig	Address.				Mailing	address o	change?	Yes
			Phys	ical Site Address	s:			
See ins	tructions on separate page.							
A. Hav	re you sold or closed this bu	siness and is this your last	return?  Yes	。 □ No				
	ownership changed since t	•						
Date	e business was bought / sol	d / closed:	New owr	ner/operator nam	ie:			
			New owne	er's BIN				
C. Nun	nber of taxable rental proper	rties				(if known)		
Note	: If you are reporting taxable lodging T provide us with a current list of ea	sales from multiple vacation renta						period, you
D. Nun	nber of taxable units/sites a	vailable for rent						
E. Nun	nber of units/sites rented du	ring the quarter						
	al gross receipts for lodging				1	•		
	n-taxable lodging sales. STOPI					7		
	Long-term or monthly rental					-		
	Federal employees on busir							
	Non-taxable lodging sales T		•					
3. Total taxable lodging sales (subtract line 2c from line 1)								
	4. Tax rate					x 0.01		
	5. <b>Tax due</b> (multiply line 3 by line 4)							
	ninistrative fee rate					,		x 0.05
7. Administrative fee (multiply line 5 by line 6) <i>This will reduce your tax</i>								
8. <b>TO</b>	TAL TAX DUE (subtract line	7 from line 5)			8 	<u>•</u> \$		
	.RATION: I declare under the nowledge it is true, correct,		ng [ORS 305.990	D(4)] that I have e	examined th	is docun	nent and	I to the best
Signature				Date				
PRINT Na	ame Signed Above		Title		Tele	ohone Num	ber	
					(	)		
Mail this	s return on or before the due	e date shown above to: <b>ST</b>	ATE OF OREGO	N LODGING TA	X			
				MENT OF REVI				

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

Keep a copy for your records

#### INSTRUCTIONS

**Amended return**. If this is an amended return, check "Yes."

**Mailing address change.** Provide the correct address information on the front of the form and check "Yes."

**Line A: Final (last return).** Check "Yes" if this business has been sold or closed since the last reporting period. A final return must be filed immediately and the tax due must be paid. Write "Final Return" across the top of your return.

**Line B: Ownership change.** Check "Yes" if there has been a change in ownership of this business since the last reporting period and provide the following:

- Date the business was bought/sold or date business closed.
- Name of new owner/operator and the BIN if known.

**Line C: Number of taxable rental properties.** Enter the number of taxable rental properties you are listing **under this BIN.** 

Multiple vacation properties: If you are reporting taxable lodging sales from multiple rental properties under this BIN and you had changes during this quarter, you must provide a current list of each of your rental properties. This list must include the physical address of each property and the property must be located in one region (see map below). If you have property in more than one region, you must have a separate BIN and file a separate return for each region. Complete and attach a detailed listing of each of these rental properties.

**Line D: Number of taxable units/sites.** Enter the total number of taxable units or sites available for rent during this quarter.

**Line E: Number of units/sites rented.** Enter the total number of units/sites **rented** during this quarter.

Line 1: Total gross receipts for lodging sales. Enter the total gross lodging receipts for the tax reporting quarter on line 1. "Lodging" is defined as hotel, motel, vacation rental homes, condominiums, and dwelling units used for temporary, overnight human occupancy, also including sites used for parking recreational vehicles and erecting tents during periods of human occupancy. Include income for all non-optional fees related to lodging You must file a return even if there was no tax collected during the reporting period.

**Line 2: Non-taxable lodging sales.** *If you have non-taxable lodging sales, you must complete lines 2a and/or 2b in the section provided.* 

Line 2a. Long term or monthly rentals: A dwelling unit (site) that is rented, leased, or otherwise occupied by the same person for a consecutive period of 30 days or more. This requirement is satisfied even if the physical dwelling unit changes during the consecutive period if (a) all dwelling units occupied are within the same facility; and (b) the person paying for the lodging is the same person throughout the consecutive period.

*Line 2b. Federal employees on business:* A federal government employee traveling on official government business.

After completing line 2b, press the enter key to calculate lines 2c thru 8. Line 8 shows the total amount of tax due.

**Print, sign and date your return.** Please do not use red ink on your return or voucher. Do not staple your check or money order to this return. Make and keep a copy of the tax return for your records.

**Mail your return.** Mail your **original** return with check or money order payable to: State of Oregon Lodging Tax, Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910.

**General information.** Each eligible lodging provider is required to register and to file a tax return and pay the tax quarterly. **You must file a tax 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 used for human occupancy [Oregon Revised Statute (ORS) 320.824].

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 tax. If you file more than three months after the due date, an additional 20 percent penalty will be added to 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 9 percent annually.

**Due date.** Your tax return and payment are due on or before the last day of the month following the end of each quarter. **Please DO NOT send return or payments monthly.** The due dates are **April 30, July 31, October 31, and January 31.** 

What is the applicable law? ORS 320.824.



Please cut off voucher on dashed line

-		_	_	<b>2</b> 0 -
	Date F	Received	d at Rev	enue

State of Oregon Loaging	iax Payment voucher
150-604-002 (03-08)	

Program: 525 08 1 Due Date:

BIN:

Is this an **amended** return? Yes

Please **do not** change address here—Use space at top of form.

Mailing Address:

Physical Site Address:

Enter Payment Amount