

Jayne Welch
 Lincoln County Treasurer
 225 W. Olive St. Rm.206
 Newport Oregon 97365
 (541) 265-4142



Certificate # _____

Business/Property Name _____

Period Covered _____

Property Address _____

Date Due _____

Mailing/Email Address - IF CHANGED _____

Contact Phone # _____

IF NO TRANSIENT RENTALS during a quarter this form **MUST** still be returned to the County Treasurer's Office showing zero income, to keep your account in compliance.

HAVE YOU SOLD or CLOSED and this is your last return?
 YES
 NO

Make sure this form is filled in **COMPLETELY** and **CORRECTLY**, and **REMITTED** by the due date to avoid penalties and interest.

YES
 NO

Make sure this form is filled in **COMPLETELY** and **CORRECTLY**, and **REMITTED** by the due date to avoid penalties and interest.

For Office Use ONLY:

Receipt #: _____

Date: _____

G: _____

A: _____

F: _____

F: _____

EF: _____

P: _____

How are you paying? (choose one)

Remit to:
LINCOLN COUNTY TREASURER
 225 West Olive St. Rm 206
 Newport OR 97365

Calculation Section

1) Gross Rent	\$	_____
Less Allowable Deductions:		
2) Rent by Month (occupied for 30 consecutive days or more by the same person)	\$	_____
3) Less gross rents from transient lodging intermediaries (<i>HomeAway/VRBO or Evolve</i>)	\$	_____
4) Less Credit Card Merchant Fee	\$	_____
5) Total Allowable Deductions (lines 2 through 4)	\$	_____
6) Taxable rents (line 1 minus line 5)	\$	_____
7) Tax (12% of line 6)	\$	_____
8) Operator's retained collection fee (5% of line 7)	\$	_____
9) TOTAL TAX DUE (line 7 less line 8)	\$	_____
NUMBER OF MONTHS PAST DUE _____		
10) 10% Penalty for past due up to 30 days. (10% of line 9)	\$	_____
TOTAL AFTER 1ST PENALTY \$ _____		
11) 15% Penalty for over 30 days past due. (15% of total after 1st penalty)	\$	_____
TOTAL AFTER 2ND PENALTY \$ _____		
12) Interest (1% of line 9 per month past due)	\$	_____
13) TOTAL TAX, PENALTY and INTEREST.....	\$	_____
(sum of lines 9, 10, 11, and 12)		

I declare under penalty of making a false statement, that to the best of my knowledge and belief, the statements herein are true.

Signed _____ Title _____

Form can be emailed to: roomtaxinfo@co.lincoln.or.us