



**REVISED  
ROOM TAX - MANUAL  
REMITTANCE FORM**

<b>OFFICE USE ONLY</b>
Date Received: _____
Reference Number: _____

**Remit by Email:** Email completed form to [roomtax@bendoregon.gov](mailto:roomtax@bendoregon.gov)

**Remit by Mail:** Mail completed form with payment to: Permit Center Room Tax- PO Box 431- Bend OR 97709

**Walk-in Payment:** Permit Center • 710 NW Wall St. • Bend OR 97703

*Make check or money order payable to City of Bend. \*See page 2 for additional instructions\**

**ACCOUNT INFORMATION**

Name of property/business (including DBA): \_\_\_\_\_

Property Address: \_\_\_\_\_

Name of room tax contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reporting Month: \_\_\_\_\_ Reporting Year: \_\_\_\_\_

*Form and payment due monthly by the 15<sup>th</sup> for the preceding month, even if the total due is zero.*

1. Gross rent.....	1. \$ _____
2. Allowable exemptions:	
2a. Monthly rent (30 consecutive days or more).....	2a. \$ _____
2b. Rent from authorized Federal Employees....	2b. \$ _____
2c. Rent from lodging intermediaries.....	2c. \$ _____
3. Total allowable exemptions (sum of lines 2a through 2c).....	3. \$ _____
4. Taxable rent (line 1 minus line 3).....	4. \$ _____
5. Tax rate.....	5. _____
6. Tax due (line 4 multiplied by line 5).....	6. \$ _____
7. Excess tax collected.....	7. \$ _____
8. Total tax collected (line 6 plus line 7).....	8. \$ _____
9. Rebate rate for administrative costs.....	9. _____
10. Rebate amount (line 8 multiplied by line 9).....	10. \$ _____
11. Net tax due (line 8 minus line 10).....	11. \$ _____
12. Penalties (see page 2 or call for amount).....	12. \$ _____
13. Interest (see page 2 or call for amount).....	13. \$ _____
14. Previous balance.....	14. \$ _____
15. TOTAL DUE (sum of lines 11 through 14).....	15. \$ _____

***I declare, under penalty of false swearing, that to the best of my knowledge, the information herein is true, correct, and complete.***

\_\_\_\_\_  
Signature Title Date



**Accommodation Information for People with Disabilities**

To obtain this information in an alternate format such as Braille, large print, electronic formats, etc. please contact the Finance Department at [roomtax@bendoregon.gov](mailto:roomtax@bendoregon.gov) or (541) 385-6682 option 3; Relay Users Dial 7-1-1.

**Line 1. Gross Rent - Includes all exemptions.** Enter the gross rent received for occupancy for the month. "Rent" means the amount paid or payable by an occupant for the occupancy of space in temporary lodging. If a separate fee is charged for services, goods or commodities and that fee is optional, that fee is not included in rent. Rent includes all fees and assessments based on the number of occupants (human and/or pets) for which payment is not considered optional to the occupant.

**Line 2a. Monthly Rent** - A dwelling unit that is leased or otherwise occupied by the same person for a consecutive period of 30 days or more.

**Line 2b. Rent from Authorized Federal Employees** - The United States or an employee of the federal government while on federal business. This exemption does not include state or local government employees.

**Line 2c. Rent from Lodging Intermediaries** - Gross receipts from transactions with transient lodging intermediaries, i.e. Online Travel Companies. Do not include transactions for which you collected the tax directly from customers, or transactions for which you received the tax from intermediaries, i.e. VRBO.

**Line 3. Total Allowable Exemptions** – Sum of all exemptions.

**Line 4. Taxable Rent** – Subtract Total Exemptions from Gross Rent (line 1 minus line 3).

**Line 5. Current City of Bend Tax Rate** - 10.4%

**Line 6. Tax Due** – multiply Taxable Rent (line 4) by 10.4% (line 5).

**Line 7. Excess Tax** – Enter any excess tax collected from occupants.

**Line 8. Total Tax Collected** - Enter the amount of tax collected or required to be collected according to the lodging property's books and records (total of line 6 plus line 7). Please explain any differences.

**Line 9. Current Rebate Rate for Administrative Costs** - 5%

**Line 10. Rebate for Administrative Costs** – Multiply Total Tax Collected (line 8) by 5% (line 9)

**Line 11. Net Tax Due** - Subtract Rebate for administrative costs from Total Tax Collected (line 8 minus line 10)

**Line 12. Penalties:**

10% Penalty – payment postmarked after the 24th: If applicable, multiply Net Tax Due (line 11) by 10%. If you fail to file the return and remit payment by the 24th day of the month following collection of the tax, a penalty of 10% of the tax amount is due.

25% Penalty – Greater than 30 Days Past Due: If applicable, multiply Total Tax Due (line 11) by 25%. If the return and remittance are submitted 30 days past the 24th of the previous month, the penalty increases by another 15% of the tax for a total penalty of 25% of the tax.

**Line 13. Interest** - If applicable, multiply Total Tax Due (line 11) by 1%. If the return and remittance are not submitted by the due date, in addition to the penalties, interest of 1% (per month) of the tax is owed.

**Line 14. Previous Balance** - Adjustment for Prior Shortage or Overage: Use this line to reflect any shortages or overages of prior periods.

**Line 15. Total Tax Remittance** - Add and/or subtract, as appropriate, Net Tax Due (line 11), Penalties (line 12), Interest (line 13), and Previous Balance (line 14). Remit this amount to the City of Bend. Instructions are at the top of page 1.

