



WHERE INNOVATION MEETS ELEVATION

City of Sandy Quarterly Transient Room Tax Report

City of Sandy
39250 Pioneer Blvd.
Sandy, OR 97055
(503) 668-5533

Business Name: _____

Address: _____

City, State, Zip: _____

Reporting Period Jan-March April-June July-Sept Oct-Dec

1. Number of Rooms	\$ _____
2. Gross Cash Receipts.....	\$ _____
3. Exempt Receipts -Monthly Rentals	(\$ _____)
4. Net Cash Receipts (Line2 Less Line3)	\$ _____
5. Total Room Tax for this Period (3% of Line 4)	\$ _____
6. Total Tax Due for the Quarter	\$ _____
7. Penalty (10% of Line 5 for the late report)	\$ _____
8. Interest (2%)	\$ _____
9. Less Operator Retainage (5% of Line 5)	\$ _____
10. TOTAL AMOUNT REMITTED	\$ _____

I declare that to the best of my knowledge and belief, the statements herein are correct and true.

Signature: _____

Date: _____

Quarterly payments are due by the 15th January, April, July and October.

DIRECT ALL INQUIRIES TO:
Tyler Deems
(503) 826-1079
email: tdeems@ci.sandy.or.us

MAKE ALL CHECKS PAYABLE TO:
City of Sandy
Attn: Finance Department
39250 Pioneer Blvd.
Sandy, OR 97055