



CITY OF BANDON

TRANSIENT OCCUPANCY TAX 20__

VRD No.: _____
Name: _____
Address: _____
_____, _____

Choose the tax quarter you are filing for:	
<input type="checkbox"/> January 1 thru March 31	<input type="checkbox"/> July 1 thru September 30
<input type="checkbox"/> April 1 thru June 30	<input type="checkbox"/> October 1 thru December 31

Fees are paid quarterly and are due on January 25, April 25, July 25 and October 25.

Complete and return to the City of Bandon, P.O. Box 67, Bandon, OR 97411, by the quarterly due date shown above.
Enclose your remittance made payable to the City of Bandon.

- 1. Total Rents for Period \$ _____
- 2. Less 30-day Occupancy \$ _____
- 3. Less Food Allowance (Bed & Breakfast Only) maximum
Of 15% of room rate allowed \$ _____
- 4. Net Taxable Rents \$ _____

TAX RATE: 6%

- 5. Total Taxes Collected \$ _____
- 6. Collection Allowance \$ _____
- 7. Total Tax Due \$ _____
- 8. Delinquency Charge *1 \$ _____
- *2 \$ _____
- TOTAL TAX PLUS PENALTY \$ _____

DELINQUENCY CHARGES

*1. A 10% penalty is due if the total tax is not paid to the City by the quarterly dates of February 4, May 5, August 4, & November 4.

*2. An additional 15% penalty is due if the total tax, plus the initial penalty, is not paid to the City by March 6, June 4, September 3 & December 4.

I hereby certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and belief.

Signature

Title