



LINN COUNTY TRANSIENT LODGING TAX REMITTANCE FORM

OFFICE USE ONLY

FOR INTERMEDIARY USE ONLY

Quarter: Please check which Quarter this payment is to be applied: Q1 (July-Sept); Q2 (Oct-Dec); Q3 (Jan-Mar); Q4 (April-June) YEAR: _____

Contact Person: _____ Telephone Number: _____ Email: _____

PLEASE PRINT

Remittance Form and Quarterly Payment is due on the 15th of the month. Use additional sheets as needed.

LODGING ADDRESS	INCOME	DEDUCTIONS	TAXABLE RENT	3% TAX	5% REBATE	REMITTANCE
TOTAL REMITTANCE						

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

Signature _____

Date _____

Printed Name _____

Title _____

Mail your Remittance Form and Payment (made payable to Linn County) to:
Attn: TLT Administrator
Linn County Board of Commissioners, Room 201
P O Box 100, Albany, OR 97321 Phone: (541) 967-3825; Fax (541) 926-8228