Transient Lodging Tax Remittance Form
Transient Lodging Intermediaries
(Effective for taxable reservations 7/1/2020)

Transient lodging intermediary name: _____ **Phone:** _____

Address: _____ **Email:** _____

City, State, Zip: _____ **Period covered:** _____

	Tax Calculation	Amount
1	Total gross monthly receipts from guest room rentals in the City of Gresham*:	
	Less allowable deductions	
2	Government agency:	
3	Rent less than $15 per day:	
4	Rooms occupied more than 30 days:	
5	Total allowable deductions (add lines 2, 3, and 4):	
6	Taxable rent (line 1 less line 5):	
7	Transient room tax (8% of line 6):	
8	Administrative fee (deduct 5% of line 7):	
9	Amount of tax due (line 7 less line 8):	
10	Adjustment to tax due (supporting documentation required):	
11	**Total transient lodging tax payment submitted** (line 9 less line 10):	

*Total from page 2

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

Make checks payable to: CITY OF GRESHAM
Direct inquiries to:
City of Gresham, Finance & Management Services
Department Attention: Ann Travers
1333 NW Eastman Parkway
Gresham, OR 97030-3813
503-618-2325 or Ann.Travers@GreshamOregon.gov

City Staff Only				
Tax due: _____	Received: _____	Over/short: _____	Interest due: _____	Penalties due: _____

Revised 07/2023

Rooms Booked for Lodging within Gresham City Limits

Transient room tax intermediary: _____

Period covered: _____

Lodging Name	# Rooms at location	Amount
Total*		

*report on line 1 of Transient Lodging Tax Remittance Form

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