

**Hotels, Intermediaries & Airbnbs**  
**Name & Address:**

**TRANSIENT LODGING TAX**  
**CITY OF BEAVERTON Only\* Corporate Office Info (optional):**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Account ID: \_\_\_\_\_

**REMITTANCE FORM**  
Washington County Finance Dept  
155 N 1st Ave Suite 270 MS 25  
Hillsboro OR 97124  
Phone: (503) 846-4448

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Be sure this form is filled in completely and correctly. Ensure you **save** the form before sending.**  
**Penalties and interest are assessed for delinquency.**

**Period Covered:** Month:  Year:  Date Due: \_\_\_\_\_

**Change of Address** must be filed and reported immediately with the Washington County Finance Department.

**Intermediary:** *Online Travel Company/Booking Agent revenue.*

**If Business is Disposed of or Suspended** - Please see Washington County Code on this [web page](#).

Email **Remittance** (this completed form) or any questions to: [TLT@washingtonty.gov](mailto:TLT@washingtonty.gov)

**To make payments click the below link which will redirect to the US Bank Payments Portal:**

[US Bank TLT Bill Payments](#)

**CALCULATION SECTION**

- 1) Gross Rents .....\$
- Less Allowable Deductions:**
- 2) Rents .....\$   
(More than 30 consecutive days PER PERSON )
- 3) Rents From Intermediaries .....\$   
(Reported to Hotels)
- 4) Government employees .....\$
- 5) Total allowable deductions (lines 2, 3, & 4) .....\$
- 6) Taxable Rents (line 1 minus line 5) .....\$
- 7) Tax **4%** of line 6 (**City of Beaverton TLT**).....\$
- 8) Collection fee – 5% of line 7 .....\$
- 9) Total City Tax due (line 7 less line 8) .....\$
- 10) Adjustment for prior shortage or overpayment ..\$   
(Enter a negative number for an overpayment)
- 11) Total Tax (line 9 plus line 10).....\$

Beaverton

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.

<b>Preparer Contact Info</b>	
Prepared By:	_____
Phone No:	_____
E-mail:	_____

\_\_\_\_\_  
*Signature* \_\_\_\_\_  
*Title*

**\*Use this form for City of Beaverton Transient Lodging Tax Only.**