

Hotels, Intermediaries & Airbnbs
Name & Address:

TRANSIENT LODGING TAX
CITY OF TIGARD 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

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 **2.5%** of line 6 (**City of Tigard 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).....\$



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.

Preparer Contact Info	
Prepared By:	_____
Phone No:	_____
E-mail:	_____

Signature _____
Title

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