



CITY OF COOS BAY

Transient Occupancy Tax Return

(Confidential)

For Complete Information on Coos Bay Municipal Code
Transient Occupancy (Lodging) Tax see CBMC 3.55

REPORTING PERIOD _____ **to** _____

No longer in business/operating, effective date: _____

Lodging Facility Name: _____

Owner/Operator: _____

Physical Location: _____

Contact Phone: _____ Email: _____

Due Dates: If a due date falls on a weekend or holiday, the report and payment are due the next City business day. Additionally, reports must be filed even if no payment is due. If return is mailed, postmark date shall be considered the date for delivery.

- Quarterly – Last day of month following close of quarter (April 30, July 31, October 31, January 31)
- Monthly – Last day of following month

Tax Calculation	Instructions	Amount
1. Gross Rents received for the period (30 days or less)	You input	
2. Exemption	---	
a. Rents greater than 30 days	You input	
b. Intermediaries (please list names and amounts on page 2)	You input	
c. Total Exemptions	Calculated	
3. Adjusted Gross Rents (line 1 minus line 2c)	Calculated	
4. Tax on Adjusted Gross Rents (9.5% of line 3) *	Calculated	
5. Operator administration deduction (5% of line 4)	Calculated	
6. Current Tax due (line 4 minus line 5)	Calculated	
7. Penalties for Late Payment	---	
a. Less than 30 days delinquent (10% of line 6)	You input	
b. Greater than 30 days (25% of line 6)	You input	
c. Evasion of Tax (25% of line 6)	You input	
d. CBMC 3.55 violation (\$750 for each offense)	You input	
e. Total Penalties	Calculated	
8. Interest for Late Payment	---	
a. Interest Rate (1%)	You input	
b. Number of months delinquent	You input	
c. Total Interest (line 6 multiplied by line 8)	Calculated	
9. Total Due (line 6 plus line 7e, plus line 8c)	Calculated	

* City Council approved tax increase January 15, 2019 (Ordinance 508) to 9.5%, effective April 1, 2019

Intermediaries: Please list intermediaries and gross receipts below.

Name	Gross Receipts
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Survey Data

Tax Calculation	Instructions	Amount
1. Total Calendar days rooms were available during reporting period	You input	
2. Number of Rooms in your facility	You input	
3. Total rooms available (line 1 multiplied by line 2)	Calculated	
4. Total Rooms rented during reporting period	You input	

By signing below, I hereby certify (under penalty of perjury) that the information reported on this tax return is true and correct, to the best of my knowledge and belief.

Signature

Title

Date

Questions?

Contact the Finance Department:

Coos Bay City Hall
500 Central Avenue
Coos Bay, OR 97420
541-269-8915 phone
541-267-5912 fax
finance@coosbay.org

Website: <http://coosbay.org/>

CBMC: <https://www.codepublishing.com/OR/CoosBay/>