**MUST FILL FORM COMPLETELY AND CORRECTLY.**

Name: ___________________________  Certificate No. ____________

Address: ___________________________  Collection for Month of: ___________________________

Due Date: 16th each month

Number of Rooms Available for Daily Rental: ___________________________
Number of Rooms in Monthly Rental: ___________________________
Actual Daily Rooms rented during Month: ___________________________

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**CALCULATION OF TRANSIENT ROOM TAX**

1. Gross Rents: ___________________________  $ ____________

   Allowable Deductions:
   
   A. Rents in excess of 30 consecutive days: ___________________________  $ ____________
   
   B. Rent less than $4.00 per day: ___________________________  $ ____________
   
   C. Federal Government Employees on Business: ___________________________  $ ____________
   
   D. Federally Chartered Organizations: ___________________________  $ ____________
   
   E. OTC - Online Travel Companies: ___________________________  $ ____________

2. Total Deductions: ___________________________  $ ____________

3. Taxable Rents (Line 1 minus Line 2): ___________________________  $ ____________

4. Total Tax - (8% of Line 3): ___________________________  $ ____________

5. Personal Collection Allowance if received on or before due date (7% of Line 4): ___________________________  $ ____________

6. Total Current Tax Due (Line 4 minus Line 5): ___________________________  $ ____________

**PENALTIES:**

7. Original Delinquency whose been granted an extension - (10% of Line 4): ___________________________  $ ____________

8. Continued Delinquency who has not been granted an extension - (15% of line 4 plus Line 7): ___________________________  $ ____________

9. In addition to penalties imposed interest at one-half of 1% of Line 4: ___________________________  $ ____________

**10. Total Transient Room Tax Due for Month (Line 6 plus Line 7, 8 & 9):** ___________________________  $ ____________

11. No Collections Subject to Tax: ☐

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.

SIGNED ___________________________  DATE ___________________________

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MAKE CHECK PAYABLE TO Klamath County Tax Administrator

For more information contact the Klamath County Tax Administrator's office at (541) 863-4297

KLAMATH COUNTY CODE 603.000 - Due Date, Returns and Payments
Payment due and payable on the 15th of each month for the prior month; delinquent on the last day of the month in which they are due.

603.400 - Penalties and Interest - Apply when not properly due/assessed.

CHANGE OF ADDRESS must be filed and reported immediately to Tax Administrator

CHECKS AND MONEY ORDERS in the exact amount of taxes due are accepted by the Tax Administrator only as agent of the taxpayer and do not constitute payment until cleared. The Tax Administrator's office assumes no responsibility for loss in transit.

TAX DUE MUST BE PAID IF BUSINESS IS DISPOSED OF OR SUSPENDED.

Closing return must be filed immediately with Klamath County Tax Administrator.

NOTE: No change in ownership can be recorded until filed.

REMIT ONE COPY TO KLAMATH COUNTY TAX ADMINISTRATOR

Form # KCTC 2005 - Revised 05/02/2012