

**CITY OF EAGLE POINT LODGING TAX
 QUARTERLY RETURN
 Tax Year 20__**

FOR OFFICE USE ONLY
Date Received
Payment Received

1.	Quarter	Due Date	Business Identification Number
	Is this an amended return? Check if yes. <input type="checkbox"/>		Federal Employer Identification Number (FEIN)
			Telephone Number ()

Mailing Address:

Physical Address:

Number of rooms or spaces:

1. Total gross receipts for lodging sales	1.	\$	<input style="width: 80%;" type="text"/>
2. Less non-taxable lodging sales	2.	\$	<input style="width: 80%;" type="text"/>
3. Total taxable lodging sales (subtract line 2 from line 1)	3.	\$	<input style="width: 80%;" type="text"/>
4. Tax rate	4.	X 0.05	<input style="width: 80%;" type="text"/>
5. Tax Due (multiply line 3 by 5%)	5.	\$	<input style="width: 80%;" type="text"/>

DECLARATION: I declare under the penalties of making a false statement, that I have examined this document and to the best of my knowledge and belief, the statements herein are correct and true.

Signature X	Date
PRINT Name Signed Above	Title
	Telephone Number ()

Mail this return on or before the due date shown above to: CITY OF EAGLE POINT, FINANCE DIRECTOR
 P.O. BOX 779, EAGLE POINT, OR 97524