



OTC Monthly Reporting Schedule

OFFICIAL USE ONLY: Postmark _____ Verified _____
CP _____ MC _____ TP _____

REVENUE DIVISION

City of Portland

Bureau of Revenue & Financial Services

** Use this form if you are a Hotel or Motel reporting monthly OTC deductions.*

NAME		TL TAX ACCOUNT #	
CONTACT NAME		PHONE	
ADDRESS	CITY	STATE	ZIP CODE
REPORTING PERIOD			
REPORT MTH:		REPORT YR:	

	OTC Name and Address	Monthly Total
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total OTC Revenue		

TRANSIENT LODGINGS TAX REPORT INSTRUCTIONS

This updated form is provided to better enable you to complete the Transient Lodgings Tax Report accurately. Please follow the instructions carefully. If you do not understand any part of this form, contact the Revenue Division at (503) 865-2857 for clarification.

MONTHLY REMITTANCE SCHEDULE

Month	Due Date	Delinquent Date	Month	Due Date	Delinquent Date
January	February 28	March 1	July	August 31	September 1
February	March 31	April 1	August	September 30	October 1
March	April 30	May 1	September	October 31	November 1
April	May 31	June 1	October	November 30	December 1
May	June 30	July 1	November	December 31	January 1
June	July 31	August 1	December	January 31	February 1

Each monthly report must be postmarked by the post office or delivered to the Division BEFORE the above delinquent date. Any postmark or delivery to the Division on or after the delinquent date will result in the assessment of a 10% penalty and one month of interest. If you are unable to file your report before the delinquent date, you may request an extension of time to file. If an extension is granted, you must pay the extension interest (lines 13a and 13b) in addition to the tax due. Failure to file a tax report before the extended delinquent date will result in additional interest and penalty. If the report is more than one month late, additional penalty and interest assessments will be billed.