



OTC Quarterly 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 quarterly OTC deductions.*

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

	OTC Name and Address	Remits 100% TID?	Month 1	Month 2	Month 3	Quarterly Total
1		YES: NO:				
2		YES: NO:				
3		YES: NO:				
4		YES: NO:				
5		YES: NO:				
6		YES: NO:				
7		YES: NO:				
8		YES: NO:				
9		YES: NO:				
10		YES: NO:				
Total OTC Revenue						

TRANSIENT LODGINGS TAX REPORT INSTRUCTIONS

This 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.

QUARTERLY REMITTANCE SCHEDULE

Quarter	Due Date	Delinquent Date
Q1: First Quarter (tax collected in January, February & March)	April 30	May 1
Q2: Second Quarter (tax collected in April, May & June)	July 31	August 1
Q3: Third Quarter (tax collected in July, August & September)	October 31	October 31
Q4: Fourth Quarter (tax collected in October, November & December)	January 31	February 1

Each quarterly 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 and/or assessment due. Failure to file a quarterly report before the extended delinquent date will result in additional interest and penalty.