

# CROOK COUNTY LODGING TAX MONTHLY RETURN

MONTH	DUE DATE
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Is this an amended return? Check if yes. <input type="checkbox"/>
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**Operator:** \_\_\_\_\_  
 Name & Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Physical Site**(if different than shown) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of taxable rooms or spaces:       Final return? Check if yes       Ownership change since last reporting period? Check if yes

1. Total gross receipts for lodging sales.....	\$
2. Tax due (multiply line 1 x .085).....	\$
3. Administrative fee (multiply line 2 x .05).....	\$
4. Net tax due to County (subtract line 3 from line 2).....	\$

**Declaration:** I declare under the penalties for false swearing (ORS 305.990(4)) that I have examined this document and to the best of my knowledge it is true, correct and complete.

Signature <b>X</b>	Date	
PRINT Name Signed Above	Title	Telephone Number

Mail or deliver this return before the due date shown above to:

**LODGING TAX, CROOK COUNTY TREASURER  
200 NE SECOND STREET  
PRINEVILLE, OR 97754**