



# 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			PHONE	
ADDRESS	CITY	STATE	ZIP CODE	
REPORTING PERIOD				
REPORT QTR:		REPORT YR:		

	OTC Name and Address	Month 1	Month 2	Month 3	Quarterly Total
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
	<b>Total OTC Revenue</b>				

**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.

**QUARTERLY REMITTANCE SCHEDULE**

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