



Deschutes County Finance Department
Marty Wynne, Finance Director and Treasurer

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Acct. # _____

Date _____

TRANSIENT ROOM TAX REGISTRATION

1. Owner _____

Mailing Address _____ Home Phone _____

City _____ State _____ Zip _____

2. Address of Rental Property _____

How long have you owned or rented out this property? _____

Name of operator or manager: _____

3. If you own more than one property subject to transient room tax, complete the following:

Property Address	How Long Owned
_____	_____
_____	_____
_____	_____

4. Type of Organization: Individual _____ Partnership _____ Corporation _____

Names of partners:

Name	Phone No.	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Accounting Year: Begins _____ Ends _____

Please Note

Section 13, Paragraph 1 of the ordinance to levy a 7% transient room tax provides that a security deposit not to exceed twice the operator's estimated average monthly liability or \$5,000.00, whichever is lesser, may be required for the period in which tax returns are filed. This security deposit, if required, may be in the form of cash, bond or other security deemed proper by the Tax Administrator.

Signature of Owner(s) _____
