

**LAKE COUNTY
Treasurer's Office
513 Center Street
Lakeview, OR 97630**

PLEASE COMPLETE ENTIRE FORM
PENALTIES AND INTEREST ARE REQUIRED FOR DELINQUENCIES

NAME _____

ACCOUNT NO. _____

ADDRESS _____

TAXING PERIOD Jan-Mar _____ Apr-Jun _____ Jul-Sept _____ Oct-Dec _____

_____ DUE PRIOR TO Apr 30th Jul 31st Oct 31st Jan 31st

NO. OF ROOMS _____

CHANGE OF ADDRESS must be reported immediately to the county Treasurer's Office.

IF BUSINESS IS SOLD, DISPOSED OF OR SUSPENDED, closing return must be filed immediately and taxes due must be paid. No change of ownership can be recorded until this is done.

CHECKS, DRAFTS, POSTAL NOTES AND MONEY ORDERS in the exact amount of tax due are accepted by the County Treasurer's Office only as agent of the taxpayer and do not constitute payment until cleared. County Treasurer's Office assumes no responsibility for lost in transit.

REMITTANCE: Avoid penalty and interest -- be sure proper remittance is enclosed.

**MAKE CHECKS PAYABLE
TO
LAKE COUNTY TREASURER**

NOTICE

PERSONAL COLLECTION EXPENSE (line 9):
Only allowed on taxes paid in full on a timely basis.

DELINQUENCY: Taxes are delinquent if not *received* on or before the last day of the month in which they are due. Combined penalty/interest will accrue at 2% per month/partial month. Due dates and penalties stated in Sections 9 & 10 of Lake County Ordinance No. 16.

**PLEASE MAKE A COPY OF THIS
FORM FOR YOUR RECORDS**

CALCULATION SECTION

1. GROSS RENT..... \$ _____
- LESS ALLOWABLE DEDUCTIONS:
2. Rent (by month)..... \$ _____
3. Rent less than \$6/day... \$ _____
4. Total Allowable Deductions (Lines 2 & 3)..... \$ - _____
5. Taxable Rents (Line 1 minus Line 4)..... \$ _____
6. TAX 6% of Line 5..... \$ _____
7. Add Excess Tax Collected..... \$ + _____
8. TOTAL TAX (Line 6 plus Line 7)..... \$ _____
9. Less 5% Personal Collection Exp..... \$ - _____
(if applicable)
10. Total Tax Due..... \$ _____
11. Penalty (if applicable)..1% per mo/partial mo.. \$ + _____
12. Interest (if applicable)..1% per mo/partial mo... \$ + _____
13. Adjustment for Prior Shortage/Overpayment... \$ +/- _____
14. **TOTAL TAX ENCLOSED**
(Line 10, plus lines 11, 12 and
adjustment (+/-) from line 13)..... \$ _____

I DECLARE UNDER PENALTY OF MAKING A FALSE STATEMENT, THAT TO THE BEST OF MY KNOWLEDGE THE STATEMENTS HEREIN ARE CORRECT AND TRUE.

SIGNED _____ DATE _____