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

PLEASE COMPLETE ENTIRE FORM
PENALTIES AND INTEREST ARE REQUIRED FOR DELINQUENCIES

NAME __________________________
ADDRESS __________________________

TAXING PERIOD Jan-Mar__ Apr-Jun__ Jul-Sept__ Oct-Dec__
DUE PRIOR TO Apr 30th__ Jul 31st__ Oct 31st__ Jan 31st__

ACCOUNT NO. __________

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 __________