



City of Maupin
507 Grant Ave.
PO Box 308
Maupin, Oregon 97037

541-395-2698
cityhall@cityofmaupin.org
cityofmaupin.org

Letter to All Lodging Providers in the City of Maupin

Dear Lodging Provider,

As you may know, the City of Maupin enacted Maupin Lodging Tax Ordinance No. 295, which places a six percent (6%) city lodging tax on all overnight lodging businesses in city limits, including bed & breakfasts, cabins, campgrounds, lodges, hotels/motels, RV/Tent sites, and Short Term Rentals (City of Maupin Ordinance No. 313). It is noted that the State of Oregon already has implemented a one percent (1%) tax and this fee is in addition to that fee.

The City of Maupin will dedicate at least ninety percent (90%) of all Transient Lodging Taxes collected inside the City of Maupin to tourism support through the Maupin Area Chamber.

Requirements are outlined in Maupin Lodging Tax Ordinance No. 295 of which a copy is attached. The basic requirements are:

- The city lodging tax applies to lodging receipts throughout the entire year.
- The lodging tax rate is six percent (6%) of lodging receipts.
- You must calculate the lodging tax quarterly and pay it to the City of Maupin within 30 days of the end of each quarter, along with a copy of your State of Oregon tax return.
- You may keep two percent (2%) of the tax you collect for your administrative expense.
- You are required to maintain records that verify the correct tax due, and maintain records for a minimum of three years.
- All operators shall register with the City of Maupin by completing the Lodging Tax Registration form attached.

Please contact City Hall with any questions.

Sincerely,

Christine Wolfe
City Recorder



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LODGING TAX REGISTRATION

This information will be used by the City of Maupin for identification and compliance purposes in the administration of the City of Maupin lodging tax.

Business Name	Federal EIN	State BIN
Owner Name	Social Security Number	
Street Address		
Mailing Address		
Business Phone	Business Email	

Names of other owners, partners, or corporation officers (Use back of form if more room is needed)		
Name	Mailing Address	Social Security Number

Number of Units	Maximum Occupancy	Date business began operating
Organization	Sole Proprietor Partnership Corporation	LLC Government
Accommodation	Bed & Breakfast Cabins Campground	Lodge Hotel/Motel RV Park

Under penalty of false swearing, I declare the information in this document and any attachments is true, correct and complete.

Print Name _____

Signature & Date _____