



City of Salem Customer Service Center
 555 Liberty ST SE-Room 100 Salem, OR 97301
 Phone: 503-588-6210 Fax:503-588-6251
 SalemAR@cityofsalem.net
 www.cityofsalem.net/payments



Transient Occupancy Tax Registration and Account Update Form

Business Information

CHOOSE ONE New Registration Account Update Account Number

BUSINESS NAME BUSINESS ADDRESS MAILING ADDRESS

CONTACT NAME CONTACT EMAIL ADDRESS CONTACT PHONE NUMBER

OREGON BUSINESS ID **OR** FEDERAL TAX ID

Lodging Type

Hotel/Motel

Online Travel Company/Booking Agent (please see Subsidiaries section)

Short Term Rental (please see Online Platforms section)

Short Term Rental

Accessory Short Term Rental

Other (Explain)

Subsidiaries

If your company is the parent of multiple subsidiaries or DBAs (doing business as) entities within the City of Salem who will also be facilitating the payments for stays, please list them in the space provided below. It is essential we have proper documentation that demonstrates which companies are connected for tax and transparency reasons. Provide a good contact who can answer questions about monthly returns and any TOT that is collected and remitted to the City. Please use an additional page if more space is necessary.

	Subsidiary Name	Contact Name/Phone	Subsidiary to submit returns, TOT separately	
1	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Subsidiaries Cont.

Subsidiary Name	Contact Name/Phone	Subsidiary to submit returns TOT separately
6 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
11 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
12 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
13 <input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Online Platforms

If you operate a short term rental, please list the online platforms you are using to advertise your property.

Online Platform Name	Online Platform Contact Phone/Email
1 <input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>
6 <input type="text"/>	<input type="text"/>
7 <input type="text"/>	<input type="text"/>

Tax Entity

Sole Proprietor Partnership Corporation Estate Trust

Ltd. Liability Co. Ltd. Partnership S-Corporation 501(c)(3) Other:

Note: Per Salem Revised Code Chapter 37.120, a security deposit (not to exceed twice the operator's estimated average monthly liability or \$7,500, whichever is less) for the collection of the tax 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 Finance Officer.

Under penalty of false swearing, I declare that the information in this registration is true, correct and complete. This information will be used primarily by the City of Salem for identification and compliance purposes.

Signature

Date