



City of Harrisonburg, Virginia
ADMISSIONS TAX RETURN

Please ensure that all information is provided!

**RETURN DUE 20TH OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX IS COLLECTED.
 MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE COLLECTIONS. CHECK IF FINAL RETURN**

Account Number _____ Collection for Month/Year _____

Owner Name: _____ dba: _____

Contact Name: _____ Contact Phone: () - _____

Mailing Address: _____

Physical Address: _____

Virginia Sales & Use Tax Registration #: _____ - _____ F- _____

	Dates	A	B	C	D
		Admission or Cover Charge	Amount of Tax on Each Admission (5% A)	Number of Admission Tickets Issued	Amount of Tax (B X C)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
				11	Sub-Total
				12	Late Penalty 10%
				13	Interest
				14	Total Due

Under penalties provided by law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which the return is filed.

 Print Name Signature

 Title Date

INSTRUCTIONS

1. Make check for Total Due to City of Harrisonburg
2. Print form and send a copy of the form with a check to:

Commissioner of the Revenue
 409 S. Main Street
 Harrisonburg, VA 22801

FOR OFFICE USE ONLY

Date: _____ Bill #: _____
 Check #: _____ Amount Paid: \$ _____