City of Harrisonburg, Virginia

TRANSIENT OCCUPANCY TAX

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 **December** **2016**

Owner Name: _____ dba: _____

Contact Name: _____ Contact Phone: ( ) -

Mailing Address: _____

Physical Address: _____

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

1.	**Gross receipts subject to lodging and/or camp sites:**		
2.	**Allowable deductions:**		
	a.	**Exempt rentals (more than 30 days):**	
	b.	**Refund of rentals included in Line 1 above:**	
	c.	**Refund of rentals included in prior reports:**	
	d.	**Total deductions:**	
3.	**Taxable gross receipts (Line 1 less Line 2 d.):**		
4.	**Tax Due 6.5% of line 3:**		

If your return and payment are not received on or before the due date, penalty and interest will accrue. If you know that payment will be late, enter the date you expect to make payment and Line 5-8 will calculate penalty and interest through the date you enter.	

5.	**Penalty for late payment (10% of Line 4) $10.00 minimum**	
6.	**Sub-Total Tax and Penalty:**	
7.	**Interest (10% per annum to be calculated at time payment received):**	
8.	**Total Due (tax, penalty, and interest):**	

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 (line 8) 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: $**_____