



City of Harrisonburg, Virginia
TRANSIENT OCCUPANCY TAX
 Please ensure that all information is provided!

CHECK HERE,
 IF FINAL RETURN

REPORT AND PAYMENT DUE 20TH DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX WAS COLLECTED OR THE NEXT BUSINESS DAY IF THE DAY FALLS ON A SATURDAY, SUNDAY OR LEGAL HOLIDAY. *

MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE COLLECTIONS!

ACCOUNT NUMBER _____ COLLECTION FOR MONTH/YEAR _____ / _____
 OWNER'S NAME: _____ DBA: _____
 CONTACT NAME: _____ CONTACT PHONE #: _____
 MAILING ADDRESS: _____
 PHYSICAL ADDRESS: _____

1. MONTHLY GROSS ACCOMMODATIONS RECEIPTS..... \$ _____
2. EXEMPT RENTALS (MUST INCLUDE DOCUMENTATION TO SUPPORT EXEMPT RENTALS) \$ _____
 - a. EXEMPTIONS INCLUDE STAYS OF 30 OR MORE NIGHTS AND REFUNDS OF PRIOR BOOKINGS.
 - b. CLEANING & PET FEES ARE NOT EXEMPT.
3. NET TAXABLE ACCOMMODATIONS RENTALS (LINE 1 LESS LINE 2) \$ _____
4. TAX DUE (7% OF LINE 3) \$ _____
5. TAX REMITTED ON YOUR BEHALF BY THIRD PARTY INTERMEDIARIES (TOTAL FROM BELOW) \$ _____

ONLINE PLATFORM/INTERMEDIARY	GROSS RECEIPTS	TAX PAID ON YOUR BEHALF
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL	\$	\$

If you cannot provide documentation substantiating that tax was paid on your behalf by an accommodation intermediary, it is your responsibility to pay the tax.

YOU MUST PROVIDE DOCUMENTATION FROM ACCOMMODATION INTERMEDIARY IF TAX HAS BEEN REMITTED ON YOUR BEHALF

6. NET TAX DUE (LINE 4 LESS LINE 5)..... \$ _____
7. PENALTY FOR LATE PAYMENT (10% OF LINE 6, OR TEN DOLLARS (\$10.00) WHICHEVER IS GREATER**) \$ _____
8. INTEREST (10% PER ANNUM OF SUM OF LINE 6 + LINE 7) \$ _____
9. TOTAL TAX, PENALTY, AND INTEREST (SUM OF LINES 6, 7, AND 8) \$ _____

***YOUR RETURN WILL BE CONSIDERED TIMELY IF IT IS POSTMARKED ON THE DUE DATE -OR- PLACED IN THE CITY "DROP BOX" BEFORE 11:59 PM ON THE DUE DATE.**

**The penalty shall not exceed the amount of the tax on Line 6.

By signing this return I declare that I am an authorized agent for the named legal entity above and that I have examined this return and believe it to be true, correct, and complete.

Print Name _____

Signature _____

Date _____

MAIL ENTIRE FORM WITH CHECK OR MONEY ORDER TO:
 Commissioner of the Revenue
 409 S. Main Street
 Harrisonburg, VA 22801

MAKE CHECK PAYABLE TO:
 Treasurer, City of Harrisonburg

KEEP A COPY FOR YOUR RECORDS

FOR OFFICE USE ONLY

Date: _____
 Check #: _____

Bill # _____
 Amount Paid: \$ _____