



City of Harrisonburg, Virginia
ADMISSIONS TAX RETURN
 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 the Month/Year _____ / _____
 Owner Name: _____ DBA: _____
 Contact Name: _____ Contact Phone: (____) _____
 Mailing Address: _____
 Physical Address: _____

	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			0.00		0	
2			0.00		0	
3			0.00		0	
4			0.00		0	
5			0.00		0	
6			0.00		0	
7			0.00		0	
8			0.00		0	
9			0.00		0	
10			0.00		0	
IMPORTANT NOTICE				11	Sub-Total	0
If this return is not filed, and/or the appropriate amount of tax is not paid, on or before the due date, a penalty of ten (10) percent, or ten dollars (\$10.00), whichever is greater, however, the penalty shall not exceed the amount of the tax assessed, will be imposed and interest will accrue. Interest will be calculated at time of payment.				12	*Late Penalty 10%	
				13	Interest	
				14	Total Due	0

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

 Title

 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 Received: _____
 Check #: _____

Bill # _____
 Amount Paid: \$ _____