



*City of Harrisonburg, Virginia*  
**ADMISSIONS TAX RETURN**  
 Please ensure that all information is provided!

CHECK HERE,  
IF FINAL RETURN

REPORT AND PAYMENT DUE 20<sup>TH</sup> 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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>*IMPORTANT NOTICE*</b>				11	Sub-Total
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

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: \$ \_\_\_\_\_