



City of Harrisonburg, Virginia  
**TRANSIENT OCCUPANCY TAX**  
 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 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 MORE THAN 30 CONSECUTIVE DAYS AND REFUNDS OF PRIOR BOOKINGS.
  - b. CLEANING & PET FEES ARE NOT EXEMPT.
3. NET TAXABLE ACCOMMODATIONS RENTALS (LINE 1 LESS LINE 2) ..... \$ 0.00
4. TAX DUE (7% OF LINE 3) ..... \$ 0.00
5. TAX REMITTED ON YOUR BEHALF BY THIRD PARTY INTERMEDIARIES (TOTAL FROM BELOW) ..... \$ 0.00

ONLINE PLATFORM/INTERMEDIARY	GROSS RECEIPTS	TAX PAID ON YOUR BEHALF
	\$	\$ 0.00
	\$	\$ 0.00
	\$	\$ 0.00
	\$	\$ 0.00
	\$	\$ 0.00
<b>TOTAL</b>	\$ 0.00	\$ 0.00

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)..... \$ 0.00
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) ..... \$ 0.00

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