CITY OF STAUNTON, VIRGINIA
OFFICE OF
THE COMMISSIONER OF THE REVENUE
116 WEST BEVERLEY STREET P.O. BOX 4
STAUNTON, VA 24402-0004

SHORT TERM RENTAL TAX RETURN

VIRGINIA SALES TAX REGISTRATION NO. : _____ **REPORT MONTH:** _____

TRADE NAME: _____

PHYSICAL ADDRESS OF BUSINESS: _____

MAIL ADDRESS 1: _____

MAIL ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

1. GROSS RECEIPTS FOR ALL RENTALS →	$ 0.00	**(LINE 1)**
2. GROSS RECEIPTS FOR SHORT TERM RENTALS (92 days or less)	$ 0.00	**(LINE 2)**
3. COMPUTATION OF TAX —- 1% of Line 2	$ 0.00	**(LINE 3)**
4. PENALTY FOR LATE PAYMENT – 10% OF LINE 3 (MINIMUM $10.00)	$ 0.00	**(LINE 4)**
5. INTEREST – 10% PER ANNUM	$ 0.00	**(LINE 5)**
6. TOTAL OF TAX PENALTY & INTEREST (Sum of Lines 4 & 5)	$ 0.00	**(LINE 6)**
7. TOTAL TAX DUE (Sum of Line 3 & 6)	$ 0.00	**(LINE 7)**

THE QUARTERLY RETURNS AND PAYMENT OF TAX SHALL BE FILED WITH THE COMMISSIONER OF THE REVENUE ON THE FOLLOWING BASIS: LINE 4 AND 5 APPLY TO YOUR RETURN IF YOU FAIL TO FILE BY THE FILE DUE DATE.

FILE DUE	**MONTHS COVERED**
APRIL 20	**JANUARY, FEBRUARY, MARCH**
JULY 20	**APRIL, MAY, JUNE**
OCTOBER 20	**JULY, AUGUST, SEPTEMBER**
JANUARY 20	**OCTOBER, NOVEMBER, DECEMBER**

BY SIGNING THIS RETURN, I HEREBY DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE: _____ **DATE:**_____

MAKE CHECK PAYABLE TO: **CITY TREASURER, STAUNTON, VA**

REMIT TO: **MAGGIE RAGON**
COMMISSIONER OF THE REVENUE
P.O. BOX 4
STAUNTON, VIRGINIA 24402-0004

Please make a copy for your records and return this copy with payment.