

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:

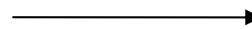
MAIL ADDRESS 2:

CITY:

STATE:

ZIP:

1. GROSS RECEIPTS FOR ALL RENTALS



(LINE 1)

2. GROSS RECEIPTS FOR SHORT TERM RENTALS (92 days or less)

(LINE 2)

3. COMPUTATION OF TAX --- 1% of Line 2

(LINE 3)

4. PENALTY FOR LATE PAYMENT – 10% OF LINE 3 (MINIMUM \$10.00)

(LINE 4)

5. INTEREST – 10% PER ANNUM

(LINE 5)

6. TOTAL OF TAX PENALTY & INTEREST (Sum of Lines 4 & 5)

(LINE 6)

7. TOTAL TAX DUE (Sum of Line 3 & 6)

(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
APRIL 20
JULY 20
OCTOBER 20
JANUARY 20

MONTHS COVERED
JANUARY, FEBRUARY, MARCH
APRIL, MAY, JUNE
JULY, AUGUST, SEPTEMBER
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.