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

HEAVY EQUIPMENT
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 FROM RENTALS OF 270 DAYS OR LESS		$
2. GROSS RECEIPTS FROM RENTALS OF MORE THAN 270 DAYS		$
3. GROSS RECEIPTS FROM ALL RENTALS		$
4. TOTAL EXEMPT RENTALS		
A. RENTALS OF PROPERTY NOT OWNED	$	
B. RENTALS OF DURABLE MEDICAL EQUIPMENT	$	
C. RENTALS TO FEDERAL, STATE, LOCAL GOV'T AGENCIES	$	
D. RENTALS WHICH ARE EXEMPT FROM SALES TAX	$	
5. TOTAL GROSS TAXABLE RENTALS (LINE 3 MINUS LINE 4)		$
6. TAX DUE (LINE 5 MULTIPLIED BY .015)		$
7. PENALTY FOR LATE PAYMENT (10% OF LINE 3 – MINIMUM OF $10.00)	$	
8. INTEREST (10% PER ANNUM)	$	
9. TOTAL OF TAX PENALTY AND INTEREST (SUM OF LINES 7 AND 8)		$
10. TOTAL TAX DUE (SUM OF LINES 6 AND 9)		$

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	OCTOBER 20	JULY, AUGUST, SEPTEMBER
JULY 20	APRIL, MAY, JUNE	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.