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

TRANSIENT/OCCUPANCY 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. TOTAL GROSS RECEIPTS →		$ 0.00	(LINE 1)
2. LESS DEDUCTIONS			
A. Exempt Rental (More than 30 Consecutive Days)	$0.00		
B. Refund on Rentals Included in Line 1	$0.00		
C. Refund on Rentals Included on Prior Reports	$0.00		
D. Other (Attached Explanations)	$0.00		
TOTAL DEDUCTIONS: (Add Line 2A Thru 2D)		$ 0.00	(Line 2)
3. Subtract Line 2 From Line 1 (Taxable Receipts)		$ 0.00	(Line 3)
4. TAX DUE (Multiply line 3 by 6.7%)		$ 0.00	(Line 4)
5. Penalty For Late Filing. (10% of Tax Due, Minimum of $2.00)		$ 0.00	(Line 5)
6. Interest for Late Filing. (10% per year simple interest applied monthly)		$ 0.00	(Line 6)
7. TOTAL TAX DUE (Sum of Line 4,5, & 6)		$ 0.00	

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.