

Washington County, Virginia

Return of Transient Occupancy Tax

Federal ID #	QUARTERLY MONTHLY (circle one) Tax Report for Period Ending: (mm-dd-yyyy) _____
Name of Taxpayer:	_____
Business Name:	_____
Mailing Address:	_____
911 Address of Business:	_____
Telephone Number:	(_____) _____ - _____ ext. _____

****SEASONAL LODGING OPERATIONS -- it is very important that you file a timely report, even if it's zero.****

Checks should be made payable to: **Washington County Treasurer**
 Mail completed report and payment to: **Commissioner of Revenue**
1 Government Center Place Suite C
Abingdon, VA 24210

Questions? Call the Commissioner of Revenue office at 276-676-6270

1. Gross Occupancy Rentals \$ _____ 2. Allowable Deduction: Exempt Rentals (over 29 consecutive days) _____ 3. Line 1 less line 2 (Taxable Amount) _____ 4. Tax amount: 5% of line 3 _____ 5. Less 5% discount of line 4 ** _____ ** Late filing will disqualify the 5% discount 6. Total Tax Due _____	For Office Use Only Tax \$ _____ Penalty \$ _____ Interest \$ _____ Total \$ _____ Received and entered by: _____ Date: _____
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Quarterly* reporting periods are as follows (postmarks are acceptable):

*Some of you chose to report and pay monthly and that is acceptable.

Jan. 1 - Mar. 31 -----	Remit by April 30
April 1 - June 30 -----	Remit by July 31
July 1 - Sept. 30 -----	Remit by October 31
Oct. 1 - Dec. 31 -----	Remit by January 31

I hereby certify that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

Signature

Date