



**COUNTY OF ROCKINGHAM  
COMMISSIONER OF THE REVENUE  
20 East Gay Street  
Harrisonburg, Virginia 22802**

**QUARTERLY REPORT OF COLLECTIONS  
TRANSIENT OCCUPANCY TAX**

FOR THE QUARTER ENDING \_\_\_\_\_ 20\_\_

NAME: \_\_\_\_\_

VIRGINIA SALES TAX  
REGISTRATION NO. \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- |  |          |
|--|----------|
| 1. Gross receipts subject to tax for lodging and/or camp sites | \$ _____ |
| 2. Allowable deductions  |          |
| a. Exempt rentals (over 30 days)                               | \$ _____ |
| b. Refund of rentals included in Line 1 of report              | _____    |
| c. Refund of rentals included in prior reports                 | _____    |
| d. Total deductions  | \$ _____ |
| 3. Item 1 less 2 (d)   | \$ _____ |
| 4. Tax (2% of item 3)  | \$ _____ |
| 5. Penalty for late payment (5% of item 4)                     | \$ _____ |
| 6. Interest  | \$ _____ |
| 7. Total tax, penalty and interest (sum of items 4, 5, and 6)  | \$ _____ |

I, hereby, certify that this report is true and accurate to the best of my knowledge and belief. Enclosed is Check Number \_\_\_\_\_, dated \_\_\_\_\_ 20\_\_, made payable to Rockingham County, in the amount of \$ \_\_\_\_\_ representing the total amount of Transient Occupancy Tax collections by our firm for the quarter ending \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
(Firm)

Date of Report \_\_\_\_\_ 20\_\_

BY \_\_\_\_\_  
(Title of Officer)

Mail signed and dated return with your check made payable to County of Rockingham at the address above within 30 days following the quarter ending date above.