



COUNTY OF ROCKINGHAM
COMMISSIONER OF THE REVENUE
TRANSIENT OCCUPANCY TAX

**NOTE: PLEASE REPORT EACH QUARTER EVEN IF YOU HAVE NO RENTALS DURING THAT PERIOD
THIS PROVIDES US A RECORD TO INDICATE YOU HAVE NO TAX DUE FOR THAT QUARTER**

QUARTER ENDING: _____ 20_____ FEDERAL ID/SOCIAL SECURITY #: _____
OWNER NAME: _____ PHONE NUMBER: (_____) _____
CONTACT NAME: _____ E-MAIL ADDRESS: _____
DBA: _____
MAILING ADDRESS: _____
ADDRESS OF RENTAL: _____

1. Total gross receipts subject to tax for lodging (rentals of 30 consecutive days or less):	\$	_____
2. Allowable deductions:		
a. Refund of rentals included in line 1 of report	\$	_____
b. Refund of rentals included in prior reports	\$	_____
c. Total deductions (sum of 2a & 2b):	\$	_____
3. Line 1 less 2c:	\$	_____
4. Total tax due (5% of line 3):	\$	_____
5. Tax remitted, on your behalf, by accomodation intermediaries:	\$	_____
* Please note, DOCUMENTATION REQUIRED for line 5		
6. Net tax due by owner (line 5 subtracted from line 4):	\$	_____
<i>If your return and payment are not received on or before the due date, penalty and interest will accrue</i>		
7. Penalty for late payment (5% of line 6):	\$	_____
8. Sub-Total Tax and Penalty:	\$	_____
9. Interest (Please call (540) 564-3067 or (540) 564-3073 for interest due):	\$	_____
10. Total Due [sum of items 6 (net tax), 7 (penalty) and 9 (interest)]:	\$	_____

I, hereby, certify that this report is true and accurate to the best of my knowledge and belief for the period stated above.

Signature

Date of Report

Mail signed and dated return, with check made payable to County of Rockingham, to:

Rockingham County Commissioner of Revenue
20 East Gay Street
Harrisonburg, VA 22802

<u>FOR OFFICE USE ONLY</u>	
TOT (General Fund 40%) - \$ _____	TOTT (Tourism Fund 60%) - \$ _____