



**COUNTY OF ROCKINGHAM
COMMISSIONER OF THE REVENUE
20 East Gay Street
Harrisonburg, Virginia 22802
QUARTERLY REPORT OF COLLECTIONS
TRANSIENT OCCUPANCY TAX**

QUARTERLY REPORT REQUIRED EVEN IF NO REPORTABLE COLLECTIONS

QUARTER ENDING: _____ 20_____ VA SALES TAX REGISTRATION #: _____
OWNER NAME: _____ PHONE NUMBER: (_____) _____
CONTACT NAME: _____ E-MAIL ADDRESS: _____
DBA: _____
MAILING ADDRESS: _____
ADDRESS OF RENTAL: _____

1. Gross receipts subject to tax for lodging (30 days or less):		\$ _____
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 (5% of item 3):		\$ _____

If your return and payment are not received on or before the due date, penalty and interest will accrue

5. Penalty for late payment (5% of item 4):		\$ _____
6. Sub-Total Tax and Penalty:		\$ _____
7. Interest:		\$ _____
8. Total Due [sum of items 4 (tax), 5 (penalty) and 7 (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

FOR OFFICE USE ONLY

TOT (General Fund 40%) - \$ _____	TOTT (Tourism Fund 60%) - \$ _____
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