



Transient Occupancy Tax Monthly Remittance

Deborah F Williams,
Commissioner of Revenue
PO Box 175, 9104 Courthouse Rd,
Spotsylvania VA 22553-0175
Phone: 540.507-7051
Fax: 540.582-7190
Email: cor@spotsylvania.va.us

Account # _____
(required)

INSTRUCTIONS

- Enter account number above and complete Sections A, B & C below.
- File on or before the last day of the month following the month being reported.
 - In person** – Deliver to our office by 4:30pm on the last day of each month.
 - By mail** – Postmark on or before the last day of each month.
- Make check payable to: **Treasurer, Spotsylvania County**
- Mail to: **Attn: Transient Occupancy Division, Commissioner of Revenue, PO Box 175, Spotsylvania VA 22553-0175**

A. Owner & Business Information

Owner's Name		Phone	
Mailing Address: Block / Street Name	City	State	Zip
Trade Name		Phone	
Physical Address: Block / Street Name (No PO Boxes)	City	State	Zip
Social Security #	Federal ID	Email Address	

B. Calculating Tax

1.	Total Gross Receipts for the Month of _____	Year _____	\$ _____
2.	Less Allowable Deductions - If Zero, enter "0." (If rental exceeds 30 consecutive days or more, it is exempt from tax.)		\$ -
3.	Taxable Gross Receipts (Subtract Line 2 from Line 1)		\$ _____
4.	Calculate Tax - 5% of Gross from Line 3 (Multiply Line 3 by 5%)		\$ _____
5.	Penalty/Interest Information Late Payment Penalty (If late, Multiply Line 4 by 10%) Interest (Accrues at rate of 10% per year) *Interest will begin to accrue after the last day of the month following the due date.		\$ _____
6.	Total Due (Tax plus Penalty and Interest if applicable) (Add Line 4 and Line 5)		\$ _____

C. Declaration Of Seller

I declare that the foregoing statement and figures are true, complete, and correct to best of my knowledge.

Signature of Owner or Agent

Date

Printed Name/Title

Phone

CR #030

For Office Use Only

Date ___/___/___ by _____ Check # _____