



Transient Occupancy Tax Spotsylvania County, Virginia

Account # _____

Deborah F Williams, Commissioner of Revenue
9104 Courthouse Rd, PO Box 175, Spotsylvania VA 22553-0175
Phone: 540-507-7051 Fax: 540-582-7190
Website: www.spotsylvania.va.us Email: cor@spotsylvania.va.us

INSTRUCTIONS

- Complete Sections A, B & C.
- File **and** pay 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 - USE THIS FORM FOR MONTHLY FILINGS THROUGH JUNE 2021.

| | | | |
|----|--|--|--------|
| 1. | Total Gross Receipts for the Month of | | \$ |
| 2. | Less Allowable Deductions - Attached List or supporting document (If rental exceeds 30 consecutive days or more, it is exempt from tax.) (If Zero, enter "0.") | | < \$ > |
| 3. | Taxable Gross Receipts (Subtract Line 2 from Line 1) | | \$ |
| 4. | Calculate Tax - 5% of Gross from Line 3 (Multiply Line 3 by 5%) Effective through 6/30/21. | | \$ |
| 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 # _____