

**CITY OF WAYNESBORO
 COMMISSIONER OF THE REVENUE
 503 W. MAIN ST., ROOM 107
 WAYNESBORO, VIRGINIA 22980**

TRANSIENT LODGING TAX



 NAME

 TRADE NAME

 P.O. BOX OR MAILING ADDRESS

 CITY STATE ZIP CODE

 VIRGINIA SALES TAX REGISTRATION NO.

 MONTH/YEAR ENDED

 DEFINITE LOCATION OF BUSINESS

1. Gross rentals \$ _____
2. Allowable deductions:
 - a. Exempt rentals (over 30 days) \$ _____
 - b. Refund of Rentals included in line 1 of this report \$ _____
 - c. Refund of rentals included in prior reports \$ _____
 - d. Total deductions \$ _____
3. Item 1 less 2(d) \$ _____
4. Tax (6% of Item 3) \$ _____
5. Penalty for late payment (5% of item 4 or minimum of \$2.00) \$ _____
6. Interest (10% per Annum) \$ _____
7. Total tax, penalty and interest \$ _____
 (sum of items 4, 5, and 6)

CHECK SHOULD BE MADE PAYABLE TO: **CITY TREASURER, WAYNESBORO, VA**
 (Check must accompany this report)

NOTE: PLEASE RETURN WITH CHECK ATTACHED TO:
Commissioner of the Revenue, 503 W. Main St., Room 107, Waynesboro, VA 22980

I declare that this return has been examined by me and to the best of my knowledge and belief it is a true, correct and complete return.

Signature: _____ Date: _____

NOTE: THIS REPORT MUST BE FILED BY THE 20TH DAY OF THE MONTH FOLLOWING THE CALENDAR MONTH FOR WHICH TAX IS DUE TO AVOID PENALTY AND INTEREST