



Town of Gordonsville
 Treasurer's Office
 112 South Main Street, P. O. Box 276
 Gordonsville, VA 22942
www.townofgordonsville.org

TRANSIENT OCCUPANCY TAX MONTHLY RETURN

TAX YEAR 20____ DUE MONTH OF _____
 QUARTER: ____ Jan.-Mar. ____ Apr.-Jun. ____ Jul.-Sept. ____ Oct.-Dec.

EIN/Tax ID# _____

Business Name _____

Business Address _____

Mailing Address (if different) _____

Contact: _____ Email: _____

Business Phone _____ Cell: _____ Fax: _____

- | | |
|---|-----------------|
| <p>1. Gross Receipts Subject to Tax for Lodging and/or campsites
 (Tax & discount will automatically calculate.)</p> | <p>\$ _____</p> |
| <p>2. Tax - 4% of Gross Receipts</p> | <p>\$ _____</p> |
| <p>3. Discount - 1% of #2
 (Retained by business if tax paid by 20th of month)</p> | <p>\$ _____</p> |
| <p>4. TAX DUE (Line #3 from Line #2)</p> | <p>\$ _____</p> |
| <p>5. LATE PAYMENT PENALTY (5% of tax due that is delinquent per month up to a maximum of 25% of tax due.) To be calculated by Town</p> | <p>\$ _____</p> |
| <p>6. LATE FILING PENALTY (5% of tax due for failure to pay the tax timely.) To be calculated by Town</p> | <p>\$ _____</p> |
| <p>7. INTEREST (2.5% per quarter) 10% per year of the tax due each month that the payment remains delinquent.) To be calculated by Town</p> | <p>\$ _____</p> |
| <p>8. TOTAL DUE (From line 4)</p> | <p>\$ _____</p> |

This return must be filed by the **20th day of the month following the month for which the quarterly tax is due** to avoid penalty and interest. Make checks payable to **TOWN OF GORDONSVILLE** and return to:
PO Box 276, Gordonsville, Virginia 22942

For additional information, assistance, or clarification, call the Treasurer's Office at (540) 832-2233.

I certify that the figures shown on this form are in accordance with the Transient Occupancy Tax Ordinance 66.86-98.

Signature of Authorized Business Official

Date

***** FOR OFFICE USE ONLY*****

Date Received By Treasurer _____ Remittance Reconciles ____ Yes ____ No (If no, return to Business)

Remittance Posted/Filed () Yes () No By: _____ Date: _____