



BOTETOURT COUNTY, VIRGINIA

Chris Booth
Commissioner of Revenue

REPORT OF TRANSIENT OCCUPANCY TAX COLLECTED _____

Name:

Occupancy Ac # _____

Address:

Phone:

Email:

Mail this Monthly Report by the last day of the month (following the month during which the tax was collected.)
Attach a check or money order **payable to Botetourt County** in the amount of tax on item 8 below.

1. Total receipts \$ _____
2. Less Exempt Receipts \$ _____
Stays of 30 or more consecutive days or Virginia and USA Government Business.
3. Total Taxable Receipts (subtract items 2 from 1) \$ _____
4. Transient Room Tax Due this Report (7% of Amount on Line 3) \$ _____
5. Discount (3% of Line 4) if remittance is not delinquent \$ _____
6. Net Tax Due (Subtract line 5 from 4) \$ _____
7. Late Penalty (7% penalty if more than 5 days late. \$10 Minimum) \$ _____
Additional penalty and interest will apply when 30 days late.
8. Total Tax Due \$ _____

Mail to:

Botetourt Commissioner of Revenue

57 S Center Dr.

Daleville, VA 24083

Affirmation: I the Undersigned do affirm that the above amounts appearing on this report are true and correct to the best of my knowledge.

Signature _____ **Date** _____