

MONTHLY RETURN FOR TRANSIENT OCCUPANCY TAX IN TAZEWELL COUNTY, VIRGINIA



MAIL RETURN & PAYMENT TO:
DAVID R. ANDERSON
COMMISSIONER OF THE REVENUE
135 COURT ST STE 301
TAZEWELL, VA 24651-0020
EMAIL: danderson@tazewellcounty.org
(276) 385-1235 OR 385-1233
FORMS: www.tazewellcountycor.org

MAKE CHECKS PAYABLE TO:
TREASURER OF TAZEWELL COUNTY

REPORTING MONTH OF: _____ **YEAR** _____

NOTE: PLEASE REPORT EACH MONTH, EVEN IF YOU HAVE NO RENTALS DURING THAT PERIOD, AS THIS PROVIDES US WITH A RECORD INDICATING NO MONTHLY TAX LIABILITY.

REPORTING QUARTERLY FOR MONTHS: _____ **YEAR** _____ NOTE: ELECTING TO FILE & REMIT

QUARTERLY, REQUIRES PRIOR WRITTEN NOTIFICATION FROM TAXPAYER & APPROVED BY THE COMMISSIONER OF REVENUE OR TREASURER. QUARTERLY RETURNS AND PAYMENTS ARE DUE THE 20TH OF EACH MONTH OF JANUARY, APRIL, JULY AND OCTOBER. PLEASE REPORT EACH QUARTER, EVEN IF YOU HAVE NO RENTALS, AS THIS PROVIDES US WITH A RECORD INDICATING NO TAX LIABILITY.

FINAL RETURN/DATE CLOSED: _____

OWNER NAME: _____

D/B/A: _____ **TELEPHONE NUMBER:** _____

PLEASE FILL OUT ONE FORM FOR EACH RENTAL PROPERTY

CONTACT NAME: _____ **EMAIL ADDRESS:** _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS OF RENTAL PROPERTY: _____

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PER SECTION 58.1-3819 OF THE CODE OF VIRGINIA & ADOPTED BY TAZEWELL COUNTY VA CODE OF ORDINANCES, SECTION 18-189 ET SEQ., YOU ARE REQUIRED TO FILE A RETURN AND REMIT COLLECTED TRANSIENT OCCUPANCY TAX TO OUR OFFICE EACH MONTH. RETURNS AND COLLECTED TAX ARE DUE ON OR BEFORE THE TWENTIETH (20TH) DAY OF EACH MONTH IMMEDIATELY FOLLOWING THE MONTH IN WHICH THE TRANSIENT OCCUPANCY TAX WAS COLLECTED. A RETURN NOT FILED TIMELY SHALL INCUR A PENALTY OF 10%, PLUS INTEREST AT THE RATE OF 10% PER ANNUM. PER SEC. 18-198, TAZEWELL COUNTY VA CODE OF ORDINANCES, IF CONVICTED OF VIOLATING THE PROVISIONS OF TRANSIENT OCCUPANCY TAX, AN ADDITIONAL FINE SHALL BE IMPOSED. PER ORDINANCE, RETAIN A COPY OF TRANSIENT OCCUPANCY TAX RECORDS FOR FOUR (4) YEARS IF AUDITED BY THE COMMISSIONER OF REVENUE OR TREASURER.

1. ACCOMMODATIONS CHARGES SUBJECT TO TAX: _____ \$ _____

EXEMPTIONS INCLUDE STAYS OF 30 OR MORE NIGHTS. PLEASE SEND PROOF OF DAYS

2. TAX COLLECTED (5% OF LINE 1): _____ \$ _____

3. 10% PENALTY FOR LATE PAYMENT: _____ \$ _____

4. 10% INTEREST PER ANNUM: _____ \$ _____

5. TOTAL TAX, PENALTY, & INTEREST: _____ \$ _____

6. TAX REMITTED ON YOUR BEHALF BY THIRD PARTY INTERMEDIARIES: _____ \$ _____

PROVIDE DOCUMENTS OF GROSS LODGING RENTALS SUBJECT TO TAX & TAX COLLECTED FROM PLATFORM/INTERMEDIARIES

7. PLATFORM/INTERMEDIARY NAME: _____ **ADDRESS:** _____

IF YOU CANNOT PROVIDE DOCUMENTATION SUBSTANTIATING THAT TAX WAS PAID ON YOUR BEHALF BY THE LODGING INTERMEDIARY, IT IS YOUR RESPONSIBILITY TO PAY THE TAX

OATH: I, THE UNDERSIGNED AGENT, DO SWEAR (OR AFFIRM) UNDER PENALTY OF PERJURY, THAT THE FOREGOING FIGURES AND STATEMENTS ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I AM AUTHORIZED TO FILE THIS RETURN.

Signature of Operator or Authorized Agent *Operator or Agent's Name (Print)* *Title*

**AN UNSIGNED OR INCOMPLETE RETURNS WILL BE RETURNED TO THE FILER AS UNFILED AND SUBJECT TO APPLICABLE PENALTIES.

SWORN (OR AFFIRMED) ON THIS _____ **DAY OF** _____, **20** _____. **TELEPHONE NUMBER:** _____

EMAIL ADDRESS: _____ **FAX NUMBER:** _____

THIS RETURN SHALL NOT BE VALID OR HAVE ANY LEGAL EFFECT UNLESS AND UNTIL THE TAXES PRESCRIBED BY LAW (AND ANY APPLICABLE PENALTIES AND INTEREST), AS SHOWN ON THE FOREGOING RETURN, ARE PAID TO THE TREASURER OF TAZEWELL COUNTY, VIRGINIA, AND THE FACT OF SUCH PAYMENT APPEARS ON THE FACE HEREOF BY THE SIGNATURE OF SUCH TREASURER HERETO.

 COMMISSIONER OF THE REVENUE

 DATE

 TREASURER

 DATE