COUNTY OF BOTETOURT, VIRGINIA
REPORT OF TRANSIENT OCCUPANCY TAX COLLECTED

During the month of _____, 20___

File this report on or before the last day of the month (following the month during which the tax was collected) with the Commissioner of the Revenue, P.O. Box 128, Fincastle, Virginia 24090. Attach hereto a check or money order payable to the County Treasurer in the amount of the tax shown by item 9 below. Please do not mail cash.

Account Number: _____

Name_____

Address _____

_____

1. Total receipts from Room Rentals, Lodging, and Space Rentals ..... $_____

2. Less, Exempt Receipts:

   a. Receipts from guests obtaining Room Rental, Lodging, Space Rental For a period of Thirty (30) consecutive days or more $ _____

   b. Receipts from Official and Employees on Official Business for the United States, the State of Virginia $ _____

3. Total Exempt Receipts (2a + 2b)..... $_____

4. Total Taxable Receipt this Report Month (subtract line 3 from 1) ..... $_____

5. Adjustments to Prior Month's Report: (In the event taxable receipts for a prior month's report were lower or under reported, use this line to decrease or increase, as the case may be, your total taxable receipts reported on line 4 above. If the adjustment entered on this line is to be subtracted from line 4, indicate with symbol "CR" next to amount entered ..... $_____

6. Total Taxable Receipts Subject to Tax This Report (Line 4 +/- Line 5) ..... $_____

7. Transient Room Tax due This Report (5% of Amount on Line 6)..... $_____

8. Discount (3% of line 7) if remittance is not delinquent..... $_____

9. Net tax due (Subtract line 8 from 7)..... $_____

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

11. Signature of Owner, Partner, Officer _____ _____
Signature Date