



City of Harrisonburg, Virginia
ADMISSIONS TAX RETURN

Please ensure that all information is provided!

RETURN DUE 20TH OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX IS COLLECTED.
MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE COLLECTIONS. CHECK IF FINAL RETURN

Account Number _____ Collection for Month/Year _____

Owner Name: _____ dba: _____

Contact Name: _____ Contact Phone: () - _____

Mailing Address: _____

Physical Address: _____

Virginia Sales & Use Tax Registration #: _____ - _____ F- _____

Table with 5 columns: Dates, A (Admission or Cover Charge), B (Amount of Tax on Each Admission (5% A)), C (Number of Admission Tickets Issued), D (Amount of Tax (B X C)). Rows 1-10 for data, 11-14 for Sub-Total, Late Penalty 10%, Interest, and Total Due.

Under penalties provided by law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which the return is filed.

Print Name _____ Signature _____

Title _____ Date _____

INSTRUCTIONS

- 1. Make check for Total Due (line 8) to City of Harrisonburg
2. Print form and send a copy of the form with a check to:

Commissioner of the Revenue
409 S. Main Street
Harrisonburg, VA 22801

FOR OFFICE USE ONLY

Date: _____ Bill #: _____
Check #: _____ Amount Paid: \$ _____