PLEASE MARK THIS BOX IF THIS IS A FINAL RETURN ☐

City of Harrisonburg, Virginia

TRANSIENT OCCUPANCY TAX

PLEASE RETURN COMPLETED REPORT WITH PAYMENT TO:

COMMISSIONER OF THE REVENUE
409 S. Main St.
Harrisonburg, Virginia 22801-3610

TO AVOID PENALTY AND INTEREST, REPORT WITH PAYMENT MUST BE FILED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX IS COLLECTED. MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE COLLECTIONS.

ACCOUNT NUMBER _____ COLLECTION FOR MONTH/YEAR _____/_____

OWNER NAME: _____ DBA: _____

CONTACT NAME: _____ CONTACT PHONE #: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

1. MONTHLY GROSS ACCOMMODATION RECEIPTS ..... $ _____
2. EXEMPT RENTALS (**MUST INCLUDE DOCUMENTATION TO SUPPORT EXEMPT RENTALS**) $ _____
   EXEMPTIONS INCLUDE STAYS OF 30 OR MORE NIGHTS AND REFUNDS OF PRIOR BOOKINGS. CLEANING FEES WILL NO LONGER BE EXEMPT.
3. NET TAXABLE ACCOMMODATIONS RENTALS (**LINE 1 LESS LINE 2**) ..... $ _____
4. TAX DUE (**7% OF LINE 3**) ..... $ _____
5. TAX REMITTED ON YOUR BEHALF BY THIRD PARTY INTERMEDIARIES (**TOTAL FROM BELOW**). $ _____

ONLINE PLATFORM/INTERMEDIARY	GROSS RECEIPTS	TAX PAID ON YOUR BEHALF
	$	$
	$	$
	$	$
	$	$
	$	$
TOTAL	$	$

If you cannot provide documentation substantiating that tax was paid on your behalf by an accommodation intermediary, it is your responsibility to pay the tax.

6. NET TAX DUE (**LINE 4 LESS LINE 5**) ..... $ _____
7. PENALTY FOR LATE PAYMENT (**10% OF LINE 6**, OR TEN DOLLARS ($10.00) WHICHEVER IS GREATER*..$ _____
8. INTEREST (**10% PER ANNUM OF SUM OF LINE 6 + LINE 7**) ... . $ _____
9. TOTAL TAX, PENALTY, AND INTEREST (**SUM OF LINES 6,7, AND 8**) ..... $ _____

YOU MUST PROVIDE DOCUMENTATION FROM ACCOMMODATION INTERMEDIARY IF TAX HAS BEEN REMITTED ON YOUR BEHALF

*PENALTY CANNOT EXCEED AMOUNT OF TAX ASSESSABLE

MAKE CHECK FOR TOTAL DUE (LINE 9) AND PAYABLE TO: CITY OF HARRISONBURG

I DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE _____ **DATE:** _____

FOR OFFICE USE ONLY

DATE REC: _____ **BILL#** _____

CHECK #: _____ **AMOUNT PAID: $** _____