Town of Tappahannock
P.O. Box 266
Tappahannock, Virginia 22560
(804) 443-3336 or Fax 804-443-1051
www.tappahannock-va.gov

TRANSIENT LODGING TAX FORM

Name of Motel: _____

Location Address: _____

Mailing Address: _____

Phone: _____ **Email:** _____

1. Month for which remittance is made: _____
2. Total number of rooms rented during remittance period: _____
3. Total amount paid for lodging: $_____
4. Total Tax Due (Amount Paid X 6**%**): $_____
5. Total discount due (Amount of Tax X 5%): $_____
6. Subtotal: $_____
7. Penalty (10% if payment is not received by the 20th): + $_____

TOTAL TAX AND PENALTIES DUE AND PAID HEREWITH **$_____**

Make checks payable to: **Town of Tappahannock**
Mail Original and payment to **P.O. Box 266, Tappahannock, VA 22560.**

Reports and the tax proceeds shall be submitted or post marked not later than the twentieth (20th) of the month following the month being reported, or late penalties will apply.

DECLARATION OF SELLER:
I hereby swear or affirm that the amounts listed above are true, correct and complete to the best of my knowledge and belief for the period stated above.

Date:_____ Signed By:_____ Title: _____