



Office of the Commissioner of the Revenue Falls Church City DMV Select Office

City of Falls Church

Thomas D. Clinton, Commissioner

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TRANSIENT OCCUPANCY (HOTEL) TAX RETURN

(Falls Church City Code Sec. 33.36-45)

PAYMENT IS DUE BY THE 20TH OF EACH MONTH TO AVOID PENALTY AND INTEREST

Business Name: _____ Virginia Sales Tax Reg. #: _____

Trade Name: _____ Month Ending: _____

Address: _____

- | | | |
|---|---|-----------|
| 1. Total Gross Rental Receipts | | \$ _____ |
| 2. Minus Allowable Deductions: | | |
| a. Exempt rentals (stays over 31 consecutive days) | - | \$(_____) |
| b. Refund of rentals included in line #1 of this report | - | \$(_____) |
| c. Refund of rentals included in prior reports | - | \$(_____) |
| d. Total Deductions | = | \$(_____) |
| 3. Line #1 minus Line # 2(d) | = | \$ _____ |
| 4. Taxable Amount (5% City Hotel Tax times line # 3) | = | \$ _____ |
| 5. Taxable Amount (2% N VA Regional Hotel Tax times line #3) | = | \$ _____ |
| 6. Penalty for late payment (10% times line # 4) | + | \$ _____ |
| 7. Interest 10% per annum (.0083 per month) | + | \$ _____ |
| 8. Total tax, penalty and interest (sum of lines # 4, 5, 6 & 7) | = | \$ _____ |

Checks should be payable to: "Treasurer, City of Falls Church." (Your check must accompany this report.)

I declare that this tax return has been examined by me and to the best of my knowledge and belief; it is a true, correct and complete return.

Signature: _____ Date: _____

Title: _____ Phone Number: _____

E-mail: _____ Fax Number: _____

PLEASE RETURN THIS ORIGINAL DOCUMENT WITH PAYMENT TO THE COMMISSIONER'S OFFICE

Thank you for doing business in the City of Falls Church!

Tom Clinton

Tom Clinton
Commissioner of the Revenue