



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

City of Falls Church

Thomas D. Clinton, Commissioner

300 Park Avenue, Suite #104E, Falls Church, VA 22046-3301

Phone: (703) 248-5018 (TTY 711) Fax: (703) 248-5212

E-mail: [commissioner@fallschurchva.gov](mailto:commissioner@fallschurchva.gov) web site: [www.fallschurchva.gov](http://www.fallschurchva.gov)

## TRANSIENT OCCUPANCY (HOTEL) TAX RETURN

(Falls Church City Code Sec. 33.36-45)

**PAYMENT IS DUE BY THE 20<sup>TH</sup> 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                  | - | \$(_____) |
| <b>d. Total Deductions</b>                                      | = | \$(_____) |
| 3. Line #1 minus Line # 2(d)                                    | = | \$ _____  |
| 4. Taxable Amount (6% 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