



# Office of the Commissioner of the Revenue

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 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 - \$(\_\_\_\_\_)
  - d. Total Deductions** = \$(\_\_\_\_\_)
- 3. Line #1 minus Line # 2(d) = \$ \_\_\_\_\_
- 4. Taxable Amount (6% City Hotel Tax times line # 3) = \$ \_\_\_\_\_
- 5. Taxable Amount (3% 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