

**TOWN OF HILLSVILLE  
P. O. BOX 545  
HILLSVILLE, VA 24343  
276-728-2128**

**TRANSIENT LODGING TAX FORM**

MONTH ENDING \_\_\_\_\_, 20\_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

- |  |          |
|--|----------|
| 1. GROSS RENTAL RECEIPTS FOR MONTH                                   | \$ _____ |
| 2. TRANSIENT LODGING TAX (8% OF LINE 1)                              | \$ _____ |
| 3. LESS DISCOUNT (3% of line 2 IF PAID BY 20 <sup>TH</sup> OF MONTH) | \$ _____ |
| 4. TOTAL TRANSIENT LODGING TAX DUE                                   | \$ _____ |
| 5. LATE PAYMENT PENALTY (10% OF LINE 4)                              | \$ _____ |
| 6. INTEREST (10% PER ANNUM OF THE SUM OF LINES 4 & 5)                | \$ _____ |
| 7. TOTAL TAX, PENALTY & INTEREST DUE                                 | \$ _____ |

\* \* \* \* \*

I hereby certify, under penalty of perjury, that I have examined the contents and information contained in this report and that it is true, correct, and complete based on my personal knowledge and belief.

Report and payment due on or before the 20<sup>th</sup> day of the month following the month during which the tax was collected. Checks or money orders should be made payable to **Town of Hillsville, P O Box 545, Hillsville, VA 24343.**

IF PAID AFTER DUE DATE, A PENALTY OF 10% OF THE TAX, AND INTEREST AT THE RATE OF 10% PER ANNUM WILL BE COMPUTED UPON THE TAX AND PENALTY FROM THE DATE SUCH WERE DUE AND PAYABLE.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_