

TOWN OF BROADWAY
P.O. Box 156, 116 Broadway Ave.
Broadway, VA 22815
(540) 896-5152

TRANSIENT OCCUPANCY TAX REPORT

Name : _____ For Quarter: _____

Trading As: _____ Sales Tax I.D. # _____

Address: _____ Check If Final Return

**Report due by 20th of July,
October, January, and April for
the previous quarter.**

Phone # _____

1. **TOTAL GROSS AMOUNT CHARGED FOR SHORT-TERM RENTAL..(1)** _____

2. **ALLOWABLE DEDUCTIONS:**

- 2a. Exempt rentals (30 consecutive days or more) _____
- 2b. Other (please specify) _____
- 2c. Refunds of rentals included in gross rentals above _____
- 2d. Refunds on rentals from previous report(s) _____
(add lines 2a through 2d).....(2) (_____)

3. **NET RENTALS** (Subtract line 2 from line 1).....(3) _____

4. **TAX DUE** (LINE 3 X 7%) (IF PAID ON TIME SKIP LINES 5 & 6).....(4) _____

5. **PENALTY FOR LATE FILING:**

(line 4 x 10% for first month, 5% for each additional month up to 25%, or \$10,
whichever is greater, but not in excess of the amount of tax)

- 5a. Due if remittance is postmarked later than the due date described above.....(5a) _____
- 5b. Tax plus penalty (add lines 4 and 5a).....(5b) _____

6. **INTEREST** (line 5b x 0.00833 for each month or portion thereof delinquent)...(6) _____

If remittance is delinquent on first day of month following due date, interest is due.
All delinquencies are subject to collection actions authorized by Title 58.1 of the Code of Virginia.

7. **TOTAL TAX DUE** (add lines 5b and 6).....(7) _____

Subject to Virginia Code § 58.1-3907, I hereby certify that this return has been examined by me and is, to the best of my knowledge, a true, correct and complete return.

Date

Authorized Signature

MAIL THIS REPORT ALONG WITH YOUR PAYMENT TO

**Town of Broadway
P.O. Box 156, 116 Broadway Ave.
Broadway, VA 22815**