

Mail Payment To: DEPARTMENT OF FINANCE COUNTY OF HENRICO PO BOX 90775 HENRICO VA 23273-0775

LODGING TAX

COLLECT	TIONS FOR THE MO	NTH:	
Name: Address:			
Location:			
PAY	MENTS ARE DUE BY THE 20	0 th DAY OF EACH MONTH	
I CERTIFY (OR DECI STATEMENTS ARE TR		TY OF PERJURY THAT THE FOLLO	OWING
SIGNATUREDAT		DATE	
FOR ASSISTANCE PLEASE CALL (804)		PHONE E CALL (804) 501-7329	
FILL IN THE INFORMATION OCCUPANCY:	ATION BELOW TO REPORT A	AND COMPUTE YOUR TAX ON TRAN	ISIENT
1. Gross Receipts (F	Room Charges Only)	\$	
2. Less Room Rentals for 30 Days or More Documentation Required		(\$)
3. SUBTOTAL (Line 1 minus Lin	e 2)	\$	
4. Transient Tax (Line 3 multiplied	l by 8%)	\$	
5. Penalty for Late I	Filing: 10% of Line 4	\$	
6. Penalty for Late I Add Line 4 to Lin	Payment: ne 5, then multiply by 10%	\$	
7. Sum of Lines 4, 5	5 and 6	\$	
8. Interest (Compute	ed Daily): 10% of Line 7	\$	
9. Sum of Lines 7	and 8 – TOTAL TAX DUI	E \$	
Account Number	G/L Code 40159	Amount of Payment	