



ACCOUNT # _____

**COUNTY OF ROANOKE, VIRGINIA
ADMISSION TAX**

Report of Collection and Remittance

For the Month of _____, 20____

File this report in duplicate with the Commissioner of the Revenue on or before the 20th of the month following the month this tax was collected. Please attach a check or money order made payable to the Treasurer of Roanoke County for the amount of the tax due.

Trade Name: _____

Mailing Address: _____

Amount of Tax on Each Ticket: _____

Number of Admissions (Tickets Sold): _____

Gross Admission
Receipts for Month: _____

Amount of Tax (5%) _____

Seller's Discount (3% of tax due)
(If paid by Due Date) _____

Penalty for Late Filing:
10% of Tax Due – Minimum \$2.00 _____

Total Tax Due: _____

Affirmation: I, the Undersigned, do affirm that the above amounts appearing on this report are true and correct to the best of my knowledge and belief:

Signature of Owner, Partner, Officer: _____

Date: _____

Please return all copies to the Commissioner of the Revenue, your receipt will be mailed to you.

Nancy J Horn
Commissioner of the Revenue
P O Box 20409
Roanoke, Virginia 24018-0513
OR

Contact: Chelsea Thrasher, phone number (540) 772-2181
TaxCompliance@roanokecountyva.gov