



COUNTY OF ROANOKE, VIRGINIA
REPORT OF TRANSIENT ROOM TAX COLLECTED

P. Jason Peters,
Commissioner of the Revenue

During Quarter/Months of _____ through _____, 20____

File this report quarterly on or before the last day of **October, January, April and July** in each year, and shall cover the amount of tax collected during the three months immediately preceding the months in which such reports and remittances are required.

Mail to: Commisioner of the Revenue, P.O. Box 20409, Roanoke, Virginia 24018-0513

Attach a check or money order payable to the **Treasurer of Roanoke County** in the amount of the tax shown below. **You may also contact us at (540) 772-2050 or, Email: TaxCompliance@roanokecountyva.gov**

1. Name of Hotel, Motel, Other Lodging Place: _____
2. Location: _____
3. Mailing Address: _____

4. Total Receipts from Room Rentals, Lodging, Space Rentals..... \$ _____
5. Less Exempt Receipts:
 - a. Receipts from guests obtaining Room Rental, Lodging, Space Rental For a period of thirty (30) consecutive days or more..... \$ _____
 - b. Receipts from Officials and Employees on Official business for the United States, the State of Virginia, the County of Roanoke..... \$ _____
 - c. Receipts on Room Rental paid to any hospital, medical clinic, nursing Home, convalescent home or home for aged people..... \$ _____
 - d. Receipts from any officer or employee of a foreign government who is exempt by reason of express provision of federal law or international treaty..... \$ _____
6. Total Exempt Receipts (5a + 5b + 5c + 5d)..... \$ _____
7. Total Taxable Receipts this Report (Subtract Line 6 from Line 4)..... \$ _____
8. Adjustments to Prior Report: (In the event taxable receipts for a prior report were over or Under reported, use this line to decrease or increase, as the case may be, your total taxable Receipts reported on line 7 above. If the adjustment entered on this line is to be subtracted From line 7, indicate with symbol "CR" next to amount entered)..... \$ _____
9. Total Taxable Receipts Subject to Tax this Report (Line 7 + or - Line 8)..... \$ _____
10. Transient Room Tax Due this report (7% of amount on Line 9)..... \$ _____
11. Penalty - If tax not paid timely Per Section 21-207 Roanoke County Code - 10%..... \$ _____
12. In addition to penalties interest is imposed at a rate of one half (1/2) of 1% monthly..... \$ _____
13. **Total Transient Room Tax Due (Lines 10, 11, 12)..... \$ _____**
14. 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.

15. _____

SIGNATURE OF OWNER, PARTNER, OFFICER

DATE