



**COUNTY OF ROANOKE, VIRGINIA**  
**REPORT OF TRANSIENT ROOM TAX COLLECTED**

P. Jason Peters,  
Commissioner of the Revenue

During Quarter/Months of \_\_\_\_\_ though \_\_\_\_\_, 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](mailto: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