



Mail Payment To:  
County of Henrico  
Lockbox #4733  
P.O. Box 90791  
Henrico, VA 23228-0791

## LODGING TAX

### COLLECTIONS FOR THE MONTH: \_\_\_\_\_

Name:  
Address:

#### PAYMENTS ARE DUE BY THE 20<sup>th</sup> DAY OF EACH MONTH

I CERTIFY (OR DECLARE) UNDER THE PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

FOR ASSISTANCE PLEASE CALL (804) 501-7329

FILL IN THE INFORMATION BELOW TO REPORT AND COMPUTE YOUR TAX ON TRANSIENT OCCUPANCY:

1. Gross Receipts (Room Charges Only) \$ \_\_\_\_\_
2. Less Room Rentals for 30 Days or More (\$ \_\_\_\_\_ )  
*Documentation Required*
3. SUBTOTAL (Line 1 minus Line 2) \$ \_\_\_\_\_
4. Transient Tax (Line 3 multiplied by 8%) \$ \_\_\_\_\_
5. Penalty for Late Filing: 10% of Line 4 \$ \_\_\_\_\_
6. Penalty for Late Payment: 10% of Line 4 plus Line 5 \$ \_\_\_\_\_
7. Sum of Lines 4, 5 and 6 \$ \_\_\_\_\_
8. Interest (Computed Daily): 10% of Line 7 \$ \_\_\_\_\_
9. **Sum of Lines 7 and 8 – TOTAL TAX DUE** \$ \_\_\_\_\_

Account Number

G/L Code  
**40159**

Amount of Payment

\$    ,    .