TRANSIENT OCCUPANCY TAX QUARTERLY REPORT OF COLLECTIONS

County of Highland

Commissioner of the Revenue

P.O. Box 148 ~ Monterey, VA 24465 ~ 540-468-2142

	Tax Year:	Tax Perio	E-mail:					
	Trade Name:			Phone:				
	Name:			Cell Phone:				
	Address:							
	City: State:			Zip:		Zip:		
		um occupancy of your lodging facility per night						
	 Single dwelling (house, cabin, apartment) Number of nights rented this quarter Multiple unit facility (hotel, motel, inn) Number of rooms rented during quarter 							
I	DIRECT BOOKINGS							
(Gross Receipts \$				IMPORTANT REMINDERS			
٦	Tax Paid \$ Penalty for late payment \$ (10% of tax paid or \$10, whichever is greater) ONLINE BOOKING Name of Intermediary							
F					Lo	odging tax is 5% of gross receipts.		
(Gross receipts now include fees such		1	
(as cleaning and pet fees, services, etc.			
ſ						A quarterly report must always be submitted by the lodging provider		
(Gross Receipts \$				including a \$0 report if no one rented			
٦	Tax Paid on your behalf \$ Name of Intermediary Gross Receipts \$ Tax Paid on your behalf \$				the facility. Late fees will be assessed.			
					Quarterly due dates April 20 ~ July 20			
					October 20 ~ January 20			
(10% of tax paid or \$10, whichever is greater)								

I certify that this report is true and accurate to the best of my knowledge. Enclosed is check number _____, dated _____, payable to Highland County, in the amount of \$_____. This represents the Transient Occupancy Tax collections for direct bookings only owed by our business for the quarter ending ______.

Signature of authorized representative

Select 1