

**Town of Luray**  
**Office of the Treasurer, P.O. Box 629**  
**Luray, Virginia 22835**  
**(540) 743-5511**

**TRANSIENT OCCUPANCY TAX REMITTANCE FORM**

Report for the month of \_\_\_\_\_, 20 \_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Taxpayer ID# \_\_\_\_\_ Va. Sales Tax Registration# \_\_\_\_\_

- |    |   |          |
|----|---|----------|
| 1. | Gross receipts subject to lodging tax   | \$ _____ |
| 2. | Allowable deductions  |          |
|    | a. Exempt rentals - over 30 days (Detailed attachment required to substantiate the amount being deducted) | \$ _____ |
| 3. | Item 1 less Item 2 (a)  | \$ _____ |
| 4. | Tax (5% of item 3)  | \$ _____ |
| 5. | Less 3% deduction of item 4 allowed to defray expenses  | \$ _____ |
| 6. | Item 4 less item 5  | \$ _____ |
| 7. | Penalty for late filing and payment (10% of item 4)   | \$ _____ |
| 8. | Interest for late filing and payment (12% per annum)  | \$ _____ |
| 9. | Total tax, penalty, and interest (Sum of lines 6, 7, & 8)   | \$ _____ |

*I swear (or affirm) that I have examined this return, that it is made in good faith, and that to the best of my knowledge and belief all entries made herein, and contained in each schedule or statement attached and made a part hereof, are true, correct, and complete, and in accordance with the law and regulations applicable hereto.*

\_\_\_\_\_  
Signature Title Date

TAX IS DUE EACH CALENDAR MONTH ON OR BEFORE THE 20<sup>TH</sup> OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAXES ARE COLLECTED.  
Return original completed form with payment to: Town of Luray, P.O. Box 629, Luray, VA 22835.

**\*\*Retain a copy for your records\*\***

Town Office Use Only

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_