

Ryan S. LaFountain
 Commissioner of the Revenue
 215 Church Ave SW, Room 251
 Roanoke, VA. 24011

City of Roanoke Transient Occupancy Tax Return

Telephone: (540) 853-6828
 Fax: (540) 853-1115
 localtax@roanokeva.gov

All forms must have the account number, of the business, included or it will not be processed. If you do not know your account number, Please contact The Commissioner of the Revenue Business Office. Your account number is the same as your business license number

Trade Name: _____ Account Number _____

Legal/ Owner Name _____

Physical Business Address _____

REPORT DUE ON OR BEFORE THE 20TH DAY OF THE FOLLOWING CALENDAR MONTH
FILING PERIOD ENDING _____, 20_____

1.TOTAL GROSS RECEIPTS			
2. ALLOWABLE DEDUCTIONS (Roanoke Code Sec 32-241):			
A. Same person for 90 or more continuous days			
B. Payment by Federal, State, or City of Roanoke			
C. Payment from any officer or employee of a foreign government who is exempt by reason of express provision of Federal law or International treaty (attach copy of exemption card)			
D. On room rental paid to any hospital, medical clinic, nursing home, convalescent home or home for aged people			
3.TOTAL DEDUCTIONS	-		
4.TOTAL TAXABLE RECEIPTS (line 1 less line 3)	=		
5.TAX (8% of line 4)			
6.*PENALTY FOR LATE PAYMENT (10%)	+		
7.* INTEREST	+		
8. NET DUE	=		
9. Adjustment from Previous Month	+/-		
8.TOTAL DUE	=		

**Penalty and Interest apply on all returns paid after the 20th day of the following calendar month for the filing period.*

Make Checks Payable to: City Treasurer
P.O. Box 1451
Roanoke, VA. 24007-1451

Under penalties provided by law, the undersigned certifies that this return is true and correct and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

Signature: _____ Title: _____

Date: _____ Telephone Number: _____