

**TOWN OF TAPPAHANNOCK
TRANSIENT LODGING TAX FORM
PO BOX 266
915 CHURCH LANE
TAPPAHANNOCK, VA 22560
(804) 443-3336**

Name of Motel: _____

Location Address: _____

Mailing Address: _____

Month for which remittance is made: _____

Total number of rooms rented during remittance period: _____

Total amount paid for lodging: \$ _____

Total Tax Due (Amount Paid X 6%)\$ _____

Total discount due (Amount of Tax
X 5%) \$ _____

Subtotal \$ _____

Penalty (10% if payment is not
Received by the 20th) + \$ _____

Total Remittance: \$ _____

DECLARATION OF SELLER:

I hereby swear or affirm that the amounts listed above are true, correct, and complete to the best of my knowledge and belief for the period stated above.

Date: _____

Signed by: _____

Phone No: _____

Title: _____

You can take the 5% discount if the payment reaches us by the twentieth (20th) of the month but if payment does not reach us by the twentieth (20th) of the month, you must add the 10% penalty and you can not take the 5% discount.