
TRANSIENT OCCUPANCY TAX FORM

**Town of Rocky Mount
345 Donald Avenue
Rocky Mount, VA. 24151
Phone: (540) 483-5243
FAX: (540) 483-8830**

MONTH/QUARTER ENDING: _____ FILING DATE: _____

Dealer's Name: _____ State ID#: _____

Address: _____ Federal ID#: _____

ITEM	AMOUNT
1. Total Room Charges	
2. Room Charges – Over 30 days in length	
3. Item #1 minus Item #2	
4. Transient Occupancy Tax (7.5% of item 3)	
5. Penalty for late filing – 10%	
6. Interest for late filing – 10% per year (.0083333 per month)	
7.	
8.	
9.	
10.	
11. Total tax, penalty, and interest (Line #4 + #5 + #6 = total)	

I declare that this return, including any accompanying schedules and statements, have been examined by me and to the best of my knowledge and belief is a true and complete return.

Signature

Date

Telephone Number: _____

Prepared by: _____

Due Date: As soon as possible after the close of the reporting period but *no later than the 20th of the following month.*