

# 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 (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.	
<b>11. Total tax, penalty, and interest (Line #4 + #5 + #6 = total)</b>	

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: \_\_\_\_\_

Due Date: On or before the last day of each month (quarter) for the amount of the tax collected during the previous month (quarter).