



Stacey C. Fletcher
Commissioner of the Revenue

1 Woolfolk Avenue, Ste. 203
Louisa, VA 23093
540-967-3432

Transient Occupancy Tax Return

COLLECTIONS FOR THE QUARTER ENDING _____

Name: _____

Mailing Address: _____

Property Address: _____

Registration Number: _____

Fill in the information below to report and compute your tax on transient occupancy.

- | | |
|---|----------|
| 1. Gross Receipts (Room Charges Only) | \$ _____ |
| 2. Allowable Deductions: | |
| a. Exempt Rentals (Over 30 days) | \$ _____ |
| b. Refund of rentals included in line 1 | \$ _____ |
| c. Total Deductions | \$ _____ |
| 3. Subtotal (Line 1 minus Line 2c) | \$ _____ |
| 4. Transient Tax (Line 3 multiplied by 2% (.02)) | \$ _____ |
| 5. Less 5% Collection Commission of Item # 4 above | \$ _____ |
| (Note: Collection Commission does not apply if filed late.) | |
| 6. Total Tax Due Less Commission | \$ _____ |

I hereby certify that the figures shown above are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Email Address: _____

Check Should Be Made Payable
to County of Louisa. Send report
and payment to address at right:

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If you have any questions, please call 540-967-3432.

NOTE: THIS RETURN MUST BE FILED BY THE 20th OF THE MONTH FOLLOWING THE END OF THE QUARTER THAT YOU ARE REPORTING.