

**COMMISSIONER OF THE REVENUE
 CITY OF MANASSAS, VIRGINIA
 9027 Center St, PO Box 125
 Manassas VA 20108-0125
 (703) 257-8214**

REGIONAL TRANSIENT OCCUPANCY TAX

Due 20th of month following month for which report is made

FOR PERIOD ENDING (MM/YYYY) _____

BUSINESS NAME		FEIN #	
ADDRESS		ACCOUNT #	
CITY, STATE, ZIP			

TAX

1. Gross Receipts	
2. Tax: 3% (Line 1 x .03)	
3. Penalty: 10% of Line 2 or \$10, whichever is greater	
4. Total Tax and Penalty (Line 2 + Line 3)	
5. 10% per annum Interest on Tax and Penalty (.008333) x (Number months late) x (Line 4)	
6. Total Amount Due (Line 4 + Line 5)	

Please remit the amount shown on Line 6 to:

**Treasurer, City of Manassas
 PO Box 512
 Manassas VA 20108-0512**

I declare that this return (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Signature _____ Date _____ Phone Number _____

Received by Treasurer's Office: Date _____

Clerk: _____