REGIONAL TRANSIENT OCCUPANCY TAX

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

FOR PERIOD ENDING (MM/YYYY) ________________________________

<table>
<thead>
<tr>
<th>BUSINESS NAME</th>
<th>FEIN #</th>
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</thead>
<tbody>
<tr>
<td>ADDRESS</td>
<td>ACCOUNT #</td>
</tr>
<tr>
<td>CITY, STATE, ZIP</td>
<td></td>
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**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: ____________________________