

Town of Mineral
312 Mineral Avenue
Mineral, VA 23117
540-894-5100

****Transient Occupancy Tax Form ****

Taxes Collected During Month of _____, 20____.

Payment made on: _____, 20____.

Business Name: _____

Address: _____

City

State

Zip

Phone: _____

1. Total Transient Occupancy Charges Subject to Tax _____
2. Tax on Transient Occupancy @ 5% of (1) _____
3. Less 3% of Tax (Of Line 2) _____
4. Total Tax Due
Subtract (3) from (2) _____
5. Penalty (10% of tax due)
(If paid after the 20th of the month for prior month) _____
6. Interest to date:
(10% per annum if late) _____
7. Total Due: _____

This return must be filed by the 20th day of the month following the month taxed, to avoid penalty and interest. Payment must be postmarked by the 20th to avoid penalty. Make checks payable to the **Town of Mineral**. For information call the Town Office at 540-894-5100.

I certify that the figures shown on this form are correct and in accordance with the Transient Occupancy Tax Ordinance. I have examined this return and to the best of my knowledge, it is true, correct and complete.

Date

Authorized Signature