

COUNTY OF BATH

MONTHLY REPORT – COLLECTION OF TRANSIENT OCCUPANCY TAX REPORT FOR THE MONTH OF _____ 20__

NAME: _____

T/A _____

CONTACT PERSON: _____

ADDRESS: _____

PHONE NUMBER: _____

E-MAIL: _____

TAX ON LODGING

- | | |
|--|----------|
| 1. GROSS RECEIPTS FROM LODGING AND/OR CAMPSITES | \$ _____ |
| 2. TAX DUE (4% OF LINE 1) | \$ _____ |
| 3. OWNER COMMISSION (5% OF LINE 2) | \$ _____ |
| 4. PENALTIES (LATE FILING 5%) | \$ _____ |
| 5. ADDITIONAL 5% PENALTY IMPOSED FOR EACH
30 DAY PERIOD | \$ _____ |
| 6. TOTAL DUE | \$ _____ |

I HEREBY CERTIFY THAT THIS REPORT IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND HEREWITH TRANSMITTED DATE _____ PAYABLE TO BATH COUNTY TREASURER IN THE AMOUNT OF \$ _____ REPRESENTING THE TOTAL AMOUNT OF TRANSIENT OCCUPANCY TAX COLLECTION BY OUT FIRM FOR THE MONTH OF _____.

SIGNED: _____

MAIL TO: BATH COUNTY COMMISSIONER OF REVENUE
ANGEL M GRIMM
P.O. BOX 130
WARM SPRINGS, VA 24484

REPORT DUE ON OR BEFORE THE 20TH DAY OF THE FOLLOWING CALENDAR MONTH.

OFFICE USE ONLY

1% Marketing _____

1% Capital _____

2% Transient Occupancy _____