

**TOWN OF ONANCOCK
COMMONWEALTH OF VIRGINIA
15 NORTH STREET
ONANCOCK, VIRGINIA 23417
(757) 787-3363**

TRANSIENT OCCUPANCY TAX REPORTING FORM

1. Name of Business: _____
2. Owner: _____
3. Business Location: _____
4. Class (Motel, Hotel, Tourist Home): _____
5. Mailing Address:

6. Phone Number: _____

Receipts subject to tax of 4%	\$ _____
4% tax amount	\$ _____
Deduct Commission of 5%	\$ _____
Total Tax Due	\$ _____

FOR PERIOD ENDING _____

NET TAX PAYABLE \$ _____

LATE PENALTY 10% \$ _____

TOTAL TAX DUE \$ _____

I HEREBY CERTIFY THAT THE FIGURES SHOWN ON THIS FORM ARE CORRECT:

Signature

Date