

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. Add'l 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 on this date _____ payable to Bath County Treasurer in the amount of \$_____ representing the total amount of Transient Occupancy Tax collection by our firm for the month of _____.

Signed _____

Mail To: Bath County Commissioner of the 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.