



TRANSIENT OCCUPANCY TAX
MONTHLY REPORT FORM

Company _____ Reporting Month: _____
Address _____
City/State/Zip _____

- 1. Gross Sales \$ _____
2. Less: Authorized Exemptions - _____
3. Net Sales Subject to Transient Occupancy Tax = _____
4. Taxable Rate (5%) X _____ 5%
5. Total Tax Due to the Town of Big Stone Gap = _____

Payments are due on or before the 20th day of the month following the month in which the taxable sales were made. If paid after this date, complete the following:

Late Payment Penalty (5% of Total Transient Occupancy Tax Due) _____
Interest at 10% per annum if more than 30 days delinquent + _____
Total Tax, Penalty, and Interest Due _____

Please make checks payable to: Treasurer, Town of Big Stone Gap
505 East 5th Street S
Big Stone Gap, VA 24219

I do hereby certify that the information reported above is true and correct.

Signature

Date