COUNTY OF FREDERICK,		IIA - TRANSIEN	IT OCCUPANO	CY TAX RE	TL	JRN					
		TURN COVERS:				1. TOTAL	GROSS SALES		\$		
FILE & PAY BY:		check here if FINAL RETURN / DATE CLOSED:				2. TOTAL	DEDUCTIONS		\$		
BUSINESS NAME:		check here if FINAL RETUI	RN / DATE CLOSEL). —			NT ON WHICH		\$		
BUSINESS ADDRESS:		MAILING ADDRESS: ☐ check here if new mailing address				4. TAX (3	.5%)		\$		
						5. PENALT	Y (IF APPLICA	BLE)	\$		
							ST (IF APPLICA		\$		
							TAX, PENALTY ST DUE AND P		\$		
The owner must sign this form. If the executive officer, or other person spec I declare under penalty of pereturn, and (2) that I am the	cifically au erjury (1) t	uthorized in writing by that this return has bee	the trust, partner	rship, limited e and to the be	lial est	oility comp of my knov	any, or corp	oration to	t o sign. true, correct, d		
Authorized Signature		PRINT NAME PRINT TITLE/SIGNING CAP			CITY		EMAIL			DATE	
*FOR OFFICE USE ONLY**		Check No.: Check Am			unt	nt: Date			Received:		
COUNTY OF FREDERICK,		IIA - TRANSIEN	IT OCCUPANO	CY TAX RE	TL	JRN					
ACCOUNT NO.:	THIS RE	THIS RETURN COVERS:				1. TOTAL	GROSS SALES		\$		
FILE & PAY BY:						2. TOTAL	. TOTAL DEDUCTIONS		\$		
BUSINESS NAME:	check here if FINAL RETURN / DATE CLOSED:			-	3. AMOUNT ON WHICH TAX MUST BE COMPUTED		\$				
BUSINESS ADDRESS:		MAILING ADDRESS: check here if new mailing address			4. TAX (3.5%)		\$				
					5. PENALTY (IF APPLICABLE)		\$				
						6. INTERE	ST (IF APPLICA	ABLE)	\$		
							TAX, PENALTY ST DUE AND P		\$		
The owner must sign this form. If the executive officer, or other person specific declare under penalty of person and (2) that I am the AUTHORIZED SIGNATURE	cifically au erjury (1) t	uthorized in writing by that this return has bee	the trust, partner	rship, limited e and to the be other person	lial est spe	oility comp of my knov	any, or corp	oration to pelief is a writing to	t o sign. true, correct, d		
*FOR OFFICE USE ONLY**		Check No.:	T KINT THEL/ S	Check Amou			LIVIAIL		eceived:	DAIL	
COUNTY OF FREDERICK,	VIRGIN [see	IIA - TRANSIEN instructions on reverse side]	IT OCCUPANO			JRN					
50.5.0.00000		ETURN COVERS:					. TOTAL GROSS SALES		\$		
							JNT ON WHICH TAX		\$		
BUSINESS NAME:					BE COMPUTED		\$				
BUSINESS ADDRESS:		MAILING ADDRESS: ☐ check here if new mailing address					LTY (IF APPLICABLE)		\$		
							REST (IF APPLICABLE)		\$		
							TAX, PENALTY				
The owner must sign this form. If the executive officer, or other person specific declare under penalty of personal specific penalty of penalty	cifically a	uthorized in writing by	the trust, partne	rship, limited	lial	ompany, o pility comp	any, or corp	n, it mus oration t	o sign.		
return, and (2) that I am the	owner oi	r a member, partner, ex	xecutive officer, or	other person	spe	ecifically au	thorized in v	vriting to	sign.		
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE			PRINT NAME PRINT TITLE/SIGNING CAPAC						 Date	
*FOR OFFICE USE ONLY**	ŧ	Check No.:		Check Amou			EMAIL		eceived:	D/((L	

COUNTY OF FREDERICK, VIRGINIA - TRANSIENT OCCUPANCY TAX RETURN

- All transient occupancy (lodging) tax collections are deemed to be held in trust for the County.
- Monthly reports must be delivered and monies remitted on or before the 20th day of the calendar month following the month being reported for the prior month's gross sales.
- This return must be filed even when no sales were made during the period.
- If a change of ownership has occurred, the new owner should not use this card, but return it to the Commissioner of Revenue with a statement of ownership change, and request a new registration form for collection of this tax or see our website at www.fcva.us/biztax.
- This return must be signed and returned with your payment.
- Make checks payable to: County Treasurer & mail form and check to: Commissioner of Revenue, PO Box 552, Winchester VA 22604-0552.
- If this is a final return, check the box on the front side & indicate the date your business closed.

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