

TOWN OF IRVINGTON

OCCUPANCY TAX MONTHLY REPORT

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Irvington address of rental:

**Please indicate the month**

JAN  FEB  MAR  APR  MAY  JUN JLY AUG SEPT OCT NOV  DEC

1. Total lodging charges subject to tax $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tax remitted on your behalf from: Online platform/intermediary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Platform(s) Gross Receipts Tax paid on your behalf

1. Complete this line: Bed & Breakfast $\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Tax on Lodging 4% of line 1 $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Penalty – 10% $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Interest $\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Total Amount Due $\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Total Amount Due if After Due Date $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby swear or affirm that the amounts listed above are true, correct and complete to the best of my knowledge and belief for the period stated above.

Signature Title Date

Address if other than rental property Phone Email

**INSTRUCTIONS**: Mail original copy with check payable to the Town of Irvington on/or before the 20th day of the month following the month being reported:

Town Clerk

PO Box 174

Irvington, VA 22480

For Office Use Only

Date Rec’d\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_