



Bedford County Commissioner of Revenue

MONTH TRANSIENT OCCUPANCY TAX COLLECTED FOR _____

Account # _____

Name:
Address:

Phone:
Email:

This Monthly Report must be filed by the **20th** of the month following the month during which the tax was collected. Attach a check or money order payable to **Bedford County** in the amount of total tax due.

- 1. Total Gross Monthly Receipts (includes 3rd party) \$ _____
- 2. Less exempt receipts \$ _____
Rentals over 29 days or refunds of prior bookings
- 3. Gross Receipts collected by 3rd Party Intermediaries \$ _____
- 4. Subtotal Gross Monthly Receipts (line 1 minus lines 2 & 3) \$ _____
- 5. Transient Room Tax Due (7% of line 4) \$ _____
- 6. Discount (3% of line 5) if remittance is not delinquent \$ _____
- 7. Net Transient Occupancy Tax Due (line 5 minus line 6) \$ _____
- 8. 10% Late Penalty if filed after 20th of the month \$ _____
- 9. 10% Interest per annum \$ _____
- 10. Total Tax, Penalty, and interest \$ _____

Mail to:
Bedford County Commissioner of Revenue
122 East Main St Ste 103
Bedford VA 24523
540-586-7621

Affirmation: I the Undersigned do affirm that the above amounts appearing on this report are true and correct to the best of my knowledge.

Signature _____ Date _____

Rental Property address: _____