

Treasurer's Office  
618 Virginia Ave., NW  
P.O. Box 618  
Norton, VA 24273-0618  
PHONE: (276) 679-7246 FAX: (276) 679-3510



# City of Norton

## Transient Occupancy Tax

### (Monthly Reporting Form)

Reporting Month \_\_\_\_\_ Year \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
FED ID#: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

1) Gross Sales		\$	_____
2) Authorized Exemptions		\$	_____
3) Net Sales Subject to Taxation	Line 1 - Line 2	\$	_____
4) Taxable Rate	6%		.06
5) Tax	Line 3 X Line 4	\$	_____
6) Penalty Rate	5%		.05
<i>(Penalty Not Applicable if Payment Received On or Before 20<sup>th</sup> of the Month)</i>			
7) Penalty	Line 5 X Line 6	\$	_____
8) Total Due to the City of Norton	Line 5 + Line 7	\$	_____

I, the Undersigned representative, do hereby declare that, to the best of my knowledge, this is true, correct and complete form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PAYMENT MUST ACCOMPANY THIS FORM AND BE MADE  
PAYABLE TO THE CITY OF NORTON**

**TO BE COMPLETED BY TREASURER'S OFFICE**

Date Payment/ Form Received & Processed: \_\_\_\_\_

Payment Information: \_\_\_\_\_