



ACCOUNT # _____

COUNTY OF ROANOKE, VIRGINIA ADMISSION TAX

Report of Collection and Remittance

For the Month of _____, 20____

File this report in duplicate with the Commissioner of the Revenue on or before the 20th of the month following the month this tax was collected. Please attach a check or money order made payable to the Treasurer of Roanoke County for the amount of the tax due.

Trade Name: _____

Mailing Address: _____

Amount of Tax on Each Ticket: _____

Number of Admissions (Tickets Sold): _____

Gross Admission
Receipts for Month: _____

Amount of Tax (5%) _____

Seller's Discount (3% of tax due)
(If paid by Due Date) _____

Penalty for Late Filing:
10% of Tax Due – Minimum \$2.00 _____

Total Tax Due: _____

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

Signature of Owner, Partner, Officer: _____

Date: _____

Please return all copies to the Commissioner of the Revenue, your receipt will be mailed to you.

P. Jason Peters
Commissioner of the Revenue
P.O. Box 20409
Roanoke, Virginia 24018-0513
OR

Call (540) 772-2050 or email TaxCompliance@roanokecountyva.gov