

**CAROLINE COUNTY**  
**COMMISSIONER OF THE REVENUE**  
212 N Main Street  
P.O. Box 819  
Bowling Green, VA 22427  
Phone#: (804) 633-1050  
Fax #: (804) 633-3480  
E-mail: consumertax@co.caroline.va.us

**MONTHLY REMITTANCE OF TRANSIENT OCCUPANCY TAX**

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

- 1. Gross Receipts for the Month of \_\_\_\_\_ 20\_\_ ..... \$ \_\_\_\_\_
- 2. Less allowable deductions (must attach list)..... \$ \_\_\_\_\_
- 3. Balance taxable (Line 1 minus Line 2)..... \$ \_\_\_\_\_
- 4. 5% Tax on Item 3..... \$ \_\_\_\_\_
- 5. 10% Penalty on Item 4 (if paid after the 30th of the following month)..... \$ \_\_\_\_\_
- 6. Total Tax and Penalty (Line 4+5)..... \$ \_\_\_\_\_
- 7. 10% per annum Interest on Tax and Penalty..... \$ \_\_\_\_\_
- 8. Total Tax, Penalty, and Interest (Due by the 30th of the following month)..... \$ \_\_\_\_\_

**MAKE CHECK PAYABLE TO: TREASURER, CAROLINE COUNTY**  
**PLEASE MAIL PAYMENT TO: P.O. BOX 819 BOWLING GREEN, VA 22427**

**INSTRUCTIONS: MAIL ORIGINAL TO THE COMMISSIONER OF THE REVENUE BY THE 30TH DAY OF THE FOLLOWING MONTH OR LATE PENALTIES WILL APPLY.**

**DECLARATION OF SELLER:**  
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:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

\_\_\_\_\_

**Date Received in Office**                      **Check #**                      **Check Amount**                      **Received By**