

ADMISSIONS, LODGING, MEALS TAXES

City Code requires that you hold these taxes in escrow. Please remit payment by the 20th of the following month to avoid enforcement action. Thank you.

Did you:

- Sign the return and verify accuracy of details?
- Enclose a check with an account number and made payable to 'City Treasurer'?

IMPORTANT INFORMATION

PLEASE FILE A RETURN EVEN IF NO TAX IS DUE. MAKE ALL CHECKS PAYABLE TO THE 'CITY TREASURER'. COMPLETE THE CORRECT REPORT AND RETURN IT WITH YOUR PAYMENT NOT LATER THAN THE 20th OF THE MONTH FOLLOWING THE MONTH OF COLLECTIONS. IF THE 20th FALLS ON A WEEKEND, THE RETURN IS DUE ON THE NEXT BUSINESS DAY.

- ADMISSIONS TAX:**
1. WHO MUST COLLECT AND REMIT TAX – Any person receiving payment for taxable admissions must collect the tax from person paying admission.
 2. RATE OF ADMISSIONS TAX – 5% of amount of total admissions, including the value of complimentary admissions.
- LODGING TAX:**
1. WHO MUST COLLECT AND REMIT TAX – Any person receiving taxable transient lodging charges for any hotel, motel, or other lodging place within the city.
 2. RATE OF LODGING TAX – 8% of amount of transient room rent.
 3. ADDITIONAL REQUIREMENTS – Businesses claiming Extended Stay deductions must remit Lodging Taxes – Schedule A or equivalent computer-generated itemized listing.
- MEALS TAX:**
1. WHO MUST COLLECT AND REMIT TAX – Any person selling meals, (alcoholic beverages included), edible refreshments and nourishments, liquid or otherwise, shall collect the tax from the person paying for such meal.
 2. RATE OF MEALS TAX – 6% of cost of meal, including alcoholic beverage and non-optional gratuities.

CHANGE OF ADDRESS

CHECK ADDRESS TO BE CHANGED

BILLING MAILING LOCATION

CONTROL NUMBER

NEW ADDRESS

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 ACCOUNT NUMBER _____

DISCONTINUED BUSINESS

DATE BUSINESS CEASED OPERATION IN CITY
 MONTH _____ DAY _____ YEAR _____
 NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

SHOULD YOU MOVE, PLEASE NOTIFY US AT ONCE.

DETACH & MAIL TO:

CITY OF WINCHESTER
 21 SOUTH KENT STREET
 SUITE 100
 WINCHESTER VA 22601

REMIT PAYMENT TO: CITY OF WINCHESTER, 21 SOUTH KENT STREET, SUITE 100, WINCHESTER VA 22601

FAILURE TO REMIT THESE TAXES MAY RESULT IN FELONY PROSECUTION FOR EMBEZZLEMENT

YEAR

CONTROL NUMBER

Complete Information Requested Below — See Reverse for Instructions

Business Name:
 Business Location:



VERIFY ALL APPLICABLE BOXES "X'd"

Excise Tax Type	Period	Gross Receipts	minus Deductions	= Taxable Receipts	Rate	Tax
<input type="checkbox"/> Admissions Tax Lic #			-		x 5%	
<input type="checkbox"/> Lodging Tax Lic			-		x 8%	
<input type="checkbox"/> Meals Tax Lic			-		x 6%	
Total						
Penalty						
Interest						
Total						

X _____ **()** _____
 AUTHORIZED SIGNATURE DATE PHONE
 AUTHORIZED SIGNATURE MEANS THE SIGNATURE OF THE COLLECTOR AND REMITTER OF TAX.