



TOWN OF CULPEPER

400 S. Main St., Suite 105 • Culpeper, VA 22701
(540) 829-8240 • FAX (540) 829-8249
Email: ClerksOffice@culpeperva.gov
www.culpeperva.gov

Due on or before the 20th of each month following month for which report is made.

Business Name: _____ **Federal ID No.:** _____

Owner Name: _____ **Customer No.:** _____

MONTHLY REMITTANCE OF ADMISSIONS TAX

- 1. Gross admission charges collected for the month of _____, 20____ \$ _____
- 2. LESS allowable deductions (*attach required list*) \$ _____
- 3. Balance taxable (*line 1 – line 2*) \$ _____
- 4. **5%** tax on item 3 (*.05 x line 3*) \$ _____
- 5. 10% interest for late payment – (*line 4 x .10 ÷ 365 x number of days late*) . . \$ _____
- 6. TOTAL TAX AND INTEREST \$ _____
IF PAID 1 MONTH AFTER DUE DATE ADD LINES 7 & 8
- 7. 10% penalty for late payment - (*line 4 x .10*) \$ _____
- 8. Fee for delinquent filing - \$20.00 \$ _____
- 9. **TOTAL TAX, INTEREST, PENALTY, & FEES DUE** \$ _____

Please remit the amount shown on Line 9 to: **Town of Culpeper**
400 South Main Street, Suite 105
Culpeper, VA 22701

IF PAID AFTER THE DUE DATE INTEREST AT 10% PER ANNUM SHALL BE ADDED ON THE TAX DUE, A 10% PENALTY WILL BE COMPUTED AND A \$20.00 ADMINISTRATIVE FEE WILL BE DUE AND PAYABLE IN ACCORDANCE WITH SECTIONS 23-151 AND 23-154 OF THE TOWN CODE.

DECLARATION OF COLLECTOR:

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.

Date: _____ Signature _____

Email: _____ Print Name _____

Phone No.: _____ Title _____

=====
Office use only:

Date: _____ Postmark Date: _____ Initial: _____

Bill No.: _____