



Short-Term Rentals Transient Occupancy Tax

FOR OFFICE USE ONLY:

Bill #: _____ Revenue Clerk: _____
(initial/date)

Town of Herndon Business License #: _____ Business name: _____

Email: _____ Telephone: _____

Business location: _____

Reporting Period:

_____ (Month)

_____ (Year)

Steps:	Details:	Amounts:
1	Total Room Receipts: (All sales including non-taxable and/or tax-exempt sales)	\$
2	Non-Taxable Receipts: (Attach explanation for non-taxable or tax-exempt receipts)	\$
3	Total Taxable Receipts: (Line 1 minus Line 2)	\$
4	Tax Rate:	6%
5	Tax Due: (Line 3 multiplied by Line 4)	\$
6	Less: Collection Commission for On-Time Payment Only (Line 5 multiplied by 3.0%. If filed/paid late, input \$0 on this line.)	\$
7	Net Tax Due: (Line 5 minus Line 6)	\$
8	Late Payment Penalty: (if applicable, 10% penalty on amount on Line 7)	\$
9	Interest: (if applicable, multiply line 7 by 0.0083 and number of months late not including the month current taxes were due. for example: July's Transient Occupancy Tax is due August, it was not submitted till October. You would multiply Net tax due * .0083 * 2)	\$
10	Total Remittance Due: (Sum of Lines 7, 8, and 9)	\$

Tax payments and this Return are **due** on or before the **Twentieth** day of the month following the month in which the tax was collected. Checks should be made payable to the **Town of Herndon**. Payments received after the **Twentieth** day of the month shall incur a penalty of 10% of the tax due and shall assessed interest of 10% per annum on all delinquent transient occupancy tax. Please remit all payments to **Town of Herndon, Revenue Division, 777 Lynn Street, Herndon, VA 20170-4602**. You may also pay online via e-check, **forms must be submitted first** to revenue@herndon-va.gov so we can process the transient occupancy tax form and verify taxes due. If you require additional assistance, please call (703) 787-7358 or email us.

The undersigned declares that the figures and information contained in this report are true, complete, and correct to the best of his/her knowledge.

Sign: _____ **Date:** _____