



**TOWN OF MIDDLEBURG, VIRGINIA**

**REPORT OF TRANSIENT LODGING TAX COLLECTED**

**FOR QUARTER ENDING:** \_\_\_\_\_, \_\_\_\_\_

Instructions: Fill out this form and send to: Town of Middleburg, P.O. Box 187, Middleburg, VA 20118  
(Please make a copy of the completed form for your records.)

Report and payment are due on or before the twentieth (20<sup>th</sup>) day for the month following the quarter during which the tax was collected. Checks or money order should be made payable to the "Town of Middleburg".

- 1. Name of Hotel, Motel, Inn, Other Lodging Place: \_\_\_\_\_  
\_\_\_\_\_
- 2. Street Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_
- 3. Total Receipts from Room Rental, Lodging .....\$ \_\_\_\_\_
- 4. Less Exempt Receipts:
  - a. Receipts From Guests Obtaining Room, Rental, Lodging for a Period of  
Ninety (90) Consecutive Days or More..... \$ \_\_\_\_\_
  - b. Receipts from Officials and Employees on Official Business for the United  
States, the Commonwealth of Virginia, the County of Loudoun, or the  
Town of Middleburg..... \$ \_\_\_\_\_
- 5. Total Exempt Receipts (4a + 4b) ..... \$ \_\_\_\_\_
- 6. Total Taxable Receipts this Report Quarter (Subtract Line 5 from 3)..... \$ \_\_\_\_\_
- 7. Adjustments to Prior Quarter's Report: (In the event taxable receipts for prior  
Quarter's report were over- or under- reported, use this line to decrease or  
Increase, as case may be, your total taxable receipts reported on line 6 above.  
If the adjustment entered on this line is to be subtracted from 6, indicate with  
Symbol 'CR' next to amount entered) ..... \$ \_\_\_\_\_
- 8. Total Taxable Receipts Subject to Tax this Report (Line 6 plus or minus Line 7) .. \$ \_\_\_\_\_
- 9. Middleburg Transient Room Tax Due This Report (5.0%) of amount on Line 8.... \$ \_\_\_\_\_
- 10. Northern Virginia Region Transient Occupancy Tax (2.0%) of amount line 8..... \$ \_\_\_\_\_
- 11. Penalties (for late filing) at 10.0%..... \$ \_\_\_\_\_
- 12. Interest 10.0% per annum (assessed by Town on unpaid balances) ..... \$ \_\_\_\_\_
- 13. TOTAL DUE (Total of Lines 9-12): ..... \$ \_\_\_\_\_

14. Signature of Owner, Partner, or Officer:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact phone number: \_\_\_\_\_