



Joseph E. Taylor  
Commissioner

# Mecklenburg County, Virginia

Office of the  
Commissioner of the Revenue  
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## TRANSIENT OCCUPANCY MONTHLY TAX RETURN

FOR THE MONTH OF \_\_\_\_\_ 20\_\_\_\_\_

BUSINESS NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_

**911 Address of Rental Property:**  
(When reporting multi properties please use the Multi-Property Additional Form)

\_\_\_\_\_  
\_\_\_\_\_

**Section I - Tax remitted on your behalf by accommodations intermediaries. (If documentation is not provided, then it is your responsibility to pay the tax.)**

Online Platform/Intermediary	Gross Receipts	Tax Paid on your behalf.
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**Section II – Complete only if you are responsible for this tax.**

- Gross receipts (not included above) ..... \$ \_\_\_\_\_  
(Do not include receipts from rentals of 30 or more consecutive days.)
  - Less receipts from exempt Government entities..... \$ \_\_\_\_\_  
(Must provide documentation)
  - Total taxable receipts for this reported month (line 1-line 2) .....\$ \_\_\_\_\_
  - Tax due (5% of line 3) .....\$ \_\_\_\_\_
  - Penalty for late payment (10% of line 4) .....\$ \_\_\_\_\_
  - Total tax and penalty .....\$ \_\_\_\_\_
  - 8% per annum interest on total tax and penalty .....\$ \_\_\_\_\_
- Total Tax, Penalty and Interest due and paid herewith .....\$ \_\_\_\_\_

**DECLARATION OF OWNER OR PREPARER:**

Virginia Code §58.1-3907: I hereby certify this return has been examined by me, the below signee, and is to the best of my knowledge, a true, correct, and complete return.

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

Phone No.: \_\_\_\_\_ Title: \_\_\_\_\_

To avoid penalty and/or interest submit return and documentation with check made payable to **County of Mecklenburg** on or before the 20<sup>th</sup> of each month. (Ex. tax collected in July is due by August 20<sup>th</sup>) If payment is not due, you may email all documents to beth.smith@mecklenburgva.com.