Winchester
commissioner of the revenue Virginia
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City of Winchester
LODGING TAXES – Schedule A
Extended Stay

ACCOUNT NUMBER	CONTROL NUMBER

(Computer Generated Schedule May Be Provided In Lieu Of This Form.)

Registration # / Room #	Resident Name Attach copy of registration card for each resident	Start Date of Extended Stay	Check-Out Date (if applicable)	Gross Receipts Deducted this Period
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			TOTAL FOR LICENSE :	$
			REPORTING PERIOD:	

Please make copies of this blank form as needed. Complete and enclose a completed copy with your monthly payments. Enclose multiple sheets if necessary.

List all residents who meet extended stay criteria and enter total and tax period. The total from this form should match the total deductions listed on the Lodging Tax Return for each period.

x _____ ( ) _____
AUTHORIZED SIGNATURE DATE PHONE

AUTHORIZED SIGNATURE MEANS THE SIGNATURE OF THE COLLECTOR AND REMITTER OF TAX.