

SHORT-TERM RENTAL TAXES

City Code requires that you hold these taxes in escrow. Please remit payment by the 20th of the month following each quarter to avoid enforcement action. Thank you.

Did you:

- Sign the return and verify accuracy of details?
- Enclose a check with an account number and made payable to 'City Treasurer'?

IMPORTANT INFORMATION

PLEASE FILE A RETURN EVEN IF NO TAX IS DUE. MAKE ALL CHECKS PAYABLE TO THE 'CITY TREASURER'. COMPLETE THE CORRECT REPORT AND RETURN IT WITH YOUR PAYMENT NOT LATER THAN THE 20th OF THE MONTH FOLLOWING THE QUARTER OF COLLECTIONS. IF THE 20th FALLS ON A WEEKEND, THE RETURN IS DUE ON THE NEXT BUSINESS DAY.

SHORT-TERM RENTAL TAX:

1. WHO MUST COLLECT AND REMIT SHORT-TERM RENTAL TAX: Any person engaged in the rental of tangible personal property for periods less than ninety-two (92) consecutive days.
2. RATE OF SHORT-TERM RENTAL TAX: 1% of amount of gross rental receipts.

CHANGE OF ADDRESS

CHECK ADDRESS TO BE CHANGED

BILLING MAILING LOCATION

CONTROL NUMBER

NEW ADDRESS

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____
 ACCOUNT NUMBER _____

DISCONTINUED BUSINESS

DATE BUSINESS CEASED OPERATION IN CITY

MONTH _____ DAY _____ YEAR _____
 NAME _____
 ADDRESS _____
 CITY _____
 STATE _____ ZIP _____

**SHOULD YOU MOVE,
 PLEASE NOTIFY US AT ONCE.**

DETACH & MAIL TO:

CITY OF WINCHESTER
 21 SOUTH KENT STREET
 SUITE 100
 WINCHESTER VA 22601

REMIT PAYMENT TO: CITY OF WINCHESTER, 21 SOUTH KENT STREET, SUITE 100, WINCHESTER VA 22601

FAILURE TO REMIT THESE TAXES MAY RESULT IN FELONY PROSECUTION FOR EMBEZZLEMENT

YEAR
 21

CONTROL NUMBER



Complete Information Requested Below — See Reverse for Instructions

Business Name:

Business Location:

Excise Tax Type	Period	Gross Receipts	Rate	Tax
Short-Term Rental Tax Lic #	QTR 1 Jan – Mar		x 1%	
			Penalty	
			Interest	
			Total	

X _____ **()** _____
 AUTHORIZED SIGNATURE DATE PHONE

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

SHORT-TERM RENTAL TAXES – WORKSHEET

HOW TO PROPERLY FILL OUT YOUR COUPON



YEAR
21

CONTROL NUMBER

1 Complete Information Requested Below — See Reverse for Instructions

Business Name:
Business Location:

Excise Tax Type	Period	Gross Receipts	Rate	Tax
2 Short-Term Rental Tax Lic #	3 QTR 1 Jan – Mar	4	x 1%	5
			Penalty	6
			Interest	7
			Total	8

SAMPLE

X _____ ()
 AUTHORIZED SIGNATURE DATE PHONE
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- 1 LOCATION: The physical address where the business is located.
- 2 TAX TYPE AND LICENSE: The types of taxes the business remits are denoted by the corresponding license number.
- 3 PERIOD: The month of the collections period. Short-Term Rental Taxes are due quarterly. Taxes are due by the 20th of the month following the period to avoid penalty and interest charges.
- 4 GROSS RECEIPTS: Gross receipts for all transactions in this category.
- 5 TAX: The amount of tax due (TAXABLE RECEIPTS x RATE = TAX)
- 6 PENALTY: If remitted after the 20th of the month following the collection period on the coupon, a 10% penalty shall be applied and remitted (TOTAL TAX x 0.10 = PENALTY)
- 7 INTEREST: If remitted after the 20th of the month following the collection period on the coupon, simple interest at a rate of 10% annually shall be applied and remitted for each day the payment is late ((TOTAL TAX + PENALTY) x DAYS LATE x 0.0002739 = INTEREST)
- 8 TOTAL: The grand total due to be remitted with the coupon (TAX TOTAL + PENALTY + INTEREST = TOTAL).



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<p>CHECK ADDRESS TO BE CHANGED</p> <p>NEW ADDRESS</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____</p> <p>ACCOUNT NUMBER _____</p>	<p style="text-align: center;">CHANGE OF ADDRESS</p> <p><input type="checkbox"/> BILLING <input type="checkbox"/> MAILING <input type="checkbox"/> LOCATION</p> <p>DISCONTINUED BUSINESS</p> <p>DATE BUSINESS CEASED OPERATION IN CITY MONTH _____ DAY _____ YEAR _____</p> <p>NAME _____</p> <p>ADDRESS _____</p> <p>CITY _____</p> <p>STATE _____ ZIP _____</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th style="text-align: center;">CONTROL NUMBER</th> </tr> <tr> <td style="height: 30px;"> </td> </tr> </table> <p>SHOULD YOU MOVE, PLEASE NOTIFY US AT ONCE.</p> <p>DETACH & MAIL TO:</p> <p>CITY OF WINCHESTER 21 SOUTH KENT STREET SUITE 100 WINCHESTER VA 22601</p>	CONTROL NUMBER	
CONTROL NUMBER				

REMIT PAYMENT TO: CITY OF WINCHESTER, 21 SOUTH KENT STREET, SUITE 100, WINCHESTER VA 22601
FAILURE TO REMIT THESE TAXES MAY RESULT IN FELONY PROSECUTION FOR EMBEZZLEMENT

YEAR	CONTROL NUMBER
21	

Complete Information Requested Below — See Reverse for Instructions
 Business Name: _____
 Business Location: _____



Excise Tax Type	Period	Gross Receipts	Rate	Tax
Short-Term Rental Tax Lic #	QTR 2 Apr – Jun		x 1%	
			Penalty	
			Interest	
			Total	

X _____ **()** _____
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SHORT-TERM RENTAL TAXES – WORKSHEET

HOW TO PROPERLY FILL OUT YOUR COUPON



YEAR
21

CONTROL NUMBER

- 1** Complete Information Requested Below — See Reverse for Instructions
 Business Name:
 Business Location:

Excise Tax Type	Period	Gross Receipts	Rate	Tax
2 Short-Term Rental Tax Lic #	3 QTR 2 Apr – Jun	4	x 1%	5
			Penalty	6
			Interest	7
			Total	8

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		<input type="checkbox"/> BILLING	<input type="checkbox"/> MAILING	<input type="checkbox"/> LOCATION	
NEW ADDRESS		DISCONTINUED BUSINESS			SHOULD YOU MOVE, PLEASE NOTIFY US AT ONCE.
NAME _____		DATE BUSINESS CEASED OPERATION IN CITY			
ADDRESS _____		MONTH _____ DAY _____ YEAR _____			DETACH & MAIL TO: CITY OF WINCHESTER 21 SOUTH KENT STREET SUITE 100 WINCHESTER VA 22601
CITY _____		NAME _____			
STATE _____ ZIP _____		ADDRESS _____			
ACCOUNT NUMBER _____		CITY _____			
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Complete Information Requested Below — See Reverse for Instructions
 Business Name:
 Business Location:

Excise Tax Type	Period	Gross Receipts	Rate	Tax
Short-Term Rental Tax Lic #	QTR 3 Jul – Sep		x 1%	
			Penalty	
			Interest	
			Total	

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YEAR	CONTROL NUMBER
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Business Name:

Business Location:

Excise Tax Type	Period	Gross Receipts	Rate	Tax
Short-Term Rental Tax Lic #	QTR 4 Oct – Dec		x 1%	
			Penalty	
			Interest	
			Total	

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