



**COUNTY OF ISLE OF WIGHT**  
**OFFICE OF THE COMMISSIONER OF THE REVENUE**

PO Box 107, Isle of Wight, VA 23397 (757) 365-6263

Email: [blcoriow@isleofwightus.net](mailto:blcoriow@isleofwightus.net)

**Transient Lodging Tax Remittance**

**INSTRUCTIONS**

- **Complete Sections A, B & C below.**
- **File on or before the 20<sup>th</sup> day of the month following the month being reported. In person** – Deliver to our office by 5:00 pm on the 20<sup>th</sup> of each month. **By mail** – postmark on or before the 20<sup>th</sup> of the month.
- **Make check payable to:** Treasurer, Isle of Wight County
- **Mail to:** Commissioner of the Revenue, PO Box 107, Isle of Wight, VA 23397

**A. Owner & Business Information**

|   |                   |      |               |     |
|---|-------------------|------|---------------|-----|
| Owner's Name  |                   |      | Phone         |     |
| Mailing Address: Block/ Street Name                 |                   | City | State         | Zip |
| Business / Trade Name                               |                   |      | Phone         |     |
| Physical Address: Block/ Street Name ( no PO Boxes) |                   | City | State         | Zip |
| Social Security Number of Owner                     | Federal Id Number |      | Email Address |     |

**B. Calculating Tax**

|    |  |       |      |    |
|----|--|-------|------|----|
| 1. | Total Gross Receipts for the Month of              | Month | Year | \$ |
| 2. | 5% Tax of Gross from Line 1(Multiply Line 1 by 5%) |       |      | \$ |
| 3. | Penalty (Multiply Line 2 by 10% )                  |       |      | \$ |
| 4. | Amount Due (Line 2 plus Line 3)                    |       |      | \$ |
|    |  |       |      |    |
|    |  |       |      |    |

Any person violating or failing to comply with any provision to the Transient Occupancy Tax Ordinance as provided shall, upon conviction thereof, be guilty of a Class 3 Misdemeanor. Conviction of such violation shall not relieve any person from payment, collection, or remittance of the tax provided by this Ordinance.

**C. Declaration of Owner**

I declare that the foregoing statement and figures are true, full and correct to best of knowledge and belief.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone