

CITY OF LEXINGTON

Commissioner of the Revenue

P.O. Box 922

300 East Washington Street

Lexington, Virginia 24450

[540] 462-3701; fax [540] 463-4738

SHORT TERM RENTAL TAX REPORT

Business Name: _____

1. Total Gross Receipts: \$ _____

2. Receipts exempt from rental tax: \$ _____

3. Short-term rental gross receipts: \$ _____

4. Tax due: (1% of line 3) \$ _____

5. Penalties (late filing): (10% or \$10 whichever is greater) \$ _____

6. Interest on late payment (10% per year) \$ _____

7. **TOTAL DUE:** (line 4 + line 5 + line 6) \$ _____

Reports & payments due 20th of the month following the end of the quarter

Quarter ending: _____

Due date: _____

Make All Checks Payable to CITY TREASURER

Signature

Date

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