

CITY OF HOPEWELL, VIRGINIA
MEALS & LODGING TAX FILING FORM



P.O. Box 1604
Hopewell, Virginia 23860
PHONE: (804) 541-2207
Debra Kloske Reason, Commissioner of the Revenue

Trade Name: _____
Owner's Name: _____
Address: _____
City/State/Zip: _____

PAYMENT DUE: _____
EXCISES TYPE: _____
TAX YEAR: _____

RETURN ENTIRE FORM

Taxes must be reported and submitted by the 20th of the month following the month of collection. A penalty of 10%, or \$10.00 whichever is greater, plus 10% interest per annum is imposed if not paid by the due date.

REGISTRATION NO. _____ FOR MONTH OF: _____

GROSS MEAL RECEIPTS..... \$ _____
GROSS TRANSIENT LODGERS RECEIPTS.... \$ _____
*GROSS RECEIPTS EXEMPTIONS..... \$ _____
TOTAL MINUS EXEMPTIONS..... \$ _____
5.5% TAX ON MEALS..... \$ _____
8.0% TAX ON TRANSIENT LODGERS..... \$ _____
PENALTY & INTEREST (SEE ABOVE)..... \$ _____
TOTAL REMITTANCE..... \$ _____

I hereby certify that the figures shown on this form are in accordance with the code of the City of Hopewell, Virginia.

SIGNED

DATE

VALID ONLY FOR AMOUNT RECEIPTED BY TREASURER

***Exemptions will not be allowed without proper documentation attached**