OFFICE OF TOWN TREASURER
TOWN OF CULPEPER
400 South Main Street, Ste. 109
540-829-8240

Due on or before the 20th of each month following month for which report is made.

<table>
<thead>
<tr>
<th>Business Name:</th>
<th>Federal ID No.:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Name:</td>
<td>Customer No.:</td>
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**MONTHLY REMITTANCE OF ADMISSIONS TAX**

1. Gross admission charges collected for the month of ______________, 20____ $ __________

2. LESS allowable deductions *(must attach list)* $ __________

3. Balance taxable *(line 1 – line 2)* $ __________

4. 5% tax on item 3 *(.05 x line 3)* $ __________

5. 10% interest for late payment – *(line 4 x .10 ÷365 x number of days late)* $ __________

6. TOTAL TAX AND INTEREST $ __________

**IF PAID 1 MONTH AFTER DUE DATE ADD LINES 7 & 8**

7. 10% penalty for late payment *(line 4 x .10)* $ __________

8. Fee for delinquent filing - $20.00 $ __________

9. TOTAL TAX, INTEREST, PENALTY, & FEES DUE $ __________

Please remit the amount shown on Line 8 to: Treasurer, Town of Culpeper
400 South Main Street, Culpeper VA 22701

IF PAID AFTER THE DUE DATE INTEREST AT 10% PER ANNUM SHALL BE ADDED ON THE TAX DUE, A 10% PENALTY WILL BE COMPUTED AND A $20.00 ADMINISTRATIVE FEE WILL BE DUE AND PAYABLE IN ACCORDANCE WITH SECTIONS 23-151 AND 23-154 OF THE TOWN CODE.

**DECLARATION OF COLLECTOR:**

I hereby swear or affirm that the amounts listed above are true, correct, and complete to the best of my knowledge and belief for the period stated above.

Date __________________________ Signature ______________________________________

PRINT NAME __________________________

Phone No. __________________________ Title __________________________

Office use only:

Received by Treasurer’s Office: Date: __________________________ Postmark Date: ___________ Initial: ______

Refunded/adjusted amount: ___________ Adjusted Total Tax, Penalty and Interest: ___________

Clerk’s Office validation: Date: ___________ Initial: ___________ Rev. Aug 2015