

**Business Name:** \_\_\_\_\_

**Federal ID No.:** \_\_\_\_\_

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

**MONTHLY REMITTANCE OF ADMISSIONS TAX**

- |    |   |          |
|----|---|----------|
| 1. | Gross admissions tax collected for the month of _____, 20____ | \$ _____ |
| 2. | LESS allowable deductions (attach list)                       | \$ _____ |
| 3. | Balance taxable   | \$ _____ |
| 4. | 5% tax on item #3 (amount due)                                | \$ _____ |
| 5. | Penalty for late payment – 10% of item #4                     | \$ _____ |
| 6. | Total tax and penalty (total lines 4 and 5)                   | \$ _____ |
| 7. | 10% per annum interest on tax and penalty                     | \$ _____ |
| 8. | Total tax, penalty and interest due and paid herewith         | \$ _____ |

**MAKE CHECK PAYABLE TO TOWN OF CULPEPER**

**DECLARATION OF COLLECTOR:**

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

Date \_\_\_\_\_

Signed By: \_\_\_\_\_

Phone No. \_\_\_\_\_

Title: \_\_\_\_\_

**INSTRUCTIONS:** Mail original and second copy to the Town Treasurer on or before the 20<sup>th</sup> of the month following the month being reported at:

*Town of Culpeper  
Town Treasurer  
400 South Main Street, Ste 109  
Culpeper, VA 22701*

For Office Use:

\_\_\_\_\_  
Date Received in Office

\_\_\_\_\_  
Receipt Number