



CITY OF COLONIAL HEIGHTS, VA
Purchased Meals and Transient Lodging Tax Filing Form

William S. Feasenmyer Jr., Commissioner of the Revenue
Phone: 804 520-9280 Fax: 804 520-9250

Local Business Name: _____

Local Business Address: _____

Corporate Name: _____

Corporate Mailing Address: _____

Contact Name: _____

Contact Phone: _____ Contact e-mail: _____

For Month(s) of: _____

Gross Meal Receipts _____

6% Tax on Meals _____

10% Penalty & Interest If not paid by 20th of Month _____

Amount Due _____

Gross Transient Lodging Receipts _____

8% Tax on Transient Lodging Receipts _____

10% Penalty & Interest If not paid by 20th of Month _____

Amount Due _____

Total Remittance _____

Make checks payable to: City of Colonial Heights

The undersigned hereby certifies that the amounts shown on this form are in accordance with the Code of the City of Colonial Heights, 258-42.2 and 258-53. If you have any doubt as to your responsibility for record keeping, calculating the amount due, or the due date, please go to the City website at www.colonialheightsva.gov, City Code, to read Articles XIA and XIII in their entirety.

Signed: _____ Date: _____

Please make a copy of this form for your records and MAIL THE ENTIRE ORIGINAL FORM TO:

Commissioner of the Revenue
PO Box 3401
201 James Avenue
Colonial Heights, VA 23834