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# 2016 Admissions Tax Return

(City of Alexandria Code Section 3-2-382 through 3-2-394)

**City of Alexandria, Finance Department, Revenue Administration Division**
**P. O. Box 34842, Alexandria, VA 22334-0842**
**Phone: 703.746.3903 alexandriava.gov/BusinessTax**

**Owner Name:** _____ **Account Number:** _____

**Trade Name:** _____ **Business Phone No** _____
**Mailing Address:** _____ **Email Address:** _____
_____ **Business Location:** _____

## _____ 2016 Reporting Period

**(Month)** **(Year)**

**Tax Payments and Returns are due on or before the last day of the calendar month following the month being reported**

Description of Business/Event:_____

| | | |
|---|---|---|
| 1. | Number of Persons Admitted | ****Required***** |
| 2. | Tax Rate | **$0.50** |
| 3. | Tax Due (Line 1 x Line 2) | $ |
| 4. | Penalty for Late Payment (10% of amount on Line 3 or $10, whichever is greater) | $ |
| 5. | Interest (Sum of amounts on Line 3 and 4 x 0.000274 x number of days after the due date) | $ |
| 6. | Total Tax, Penalty and Interest Due (Sum of Lines 3, 4, and 5) | $ |

Pursuant to VA Code § 58.1-3906 Any corporate, partnership or limited liability company officer who willfully fails to pay, collect, or truthfully account for and pay over any local admission, transient occupancy, food and beverage, or daily rental property tax administered by the commissioner of revenue or other authorized officer, or willfully attempts in any manner to evade or defeat any such tax or the payment thereof, shall, in addition to other penalties provided by law, be liable for a penalty of the amount of the tax evaded or not paid, collected, or accounted for and paid over, to be assessed and collected in the same manner as such taxes are assessed and collected.

The undersigned applicant declares that the figures and information contained in this report are true, complete and correct to the best of his/her knowledge.

| | | |
|---|---|---|
| Preparer's Name and Title | Signature | Date |
| Contact Person | Title/Position | Telephone Number |

**Make check payable to the "City of Alexandria." Please return this report with payment to:**

**City of Alexandria, Finance Department, Revenue Administration Division**
**P O Box 34842. Alexandria, VA 22334-0842**
**Phone: 703.746.3903 Fax: 703.548.6065**