



## **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 <a href="mailto:alexandriava.gov/BusinessTax">alexandriava.gov/BusinessTax</a>

Owner Name:  Trade Name:  Mailing Address:		Account	Account Number:	
		Email A	s Phone No ddress: s Location:	
		Reporting Period  (Year) ue on or before the last day of the calend	dar month following the month being repo	rted
	Description of Business/Event:			
1.	Number of Persons Admitted		****Required*****	
2.	2. Tax Rate		\$0.50	
3.	Tax Due (Line 1 x Line 2)	\$		
4.	5. Interest (Sum of amounts on Line 3 and 4 x 0.000274 x number of days after the due date)		\$	
5.			\$	
6.			\$	
	pay over any local admission, transient occupar officer, or willfully attempts in any manner to e a penalty of the amount of the tax evaded or no assessed and collected.	ncy, food and beverage, or daily rental property tax a evade or defeat any such tax or the payment thereof, t paid, collected, or accounted for and paid over, to be	ho willfully fails to pay, collect, or truthfully account fo dministered by the commissioner of revenue or other au- shall, in addition to other penalties provided by law, be li- e assessed and collected in the same manner as such tax- ort are true, complete and correct to the best of his	thorized iable for es are
	Preparer's Name and Title	Signature	Date	
	Contact Person	Title/Position	Telephone Number	

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