CITY OF CHESAPEAKE, VIRGINIA
Ray A. Conner, Commissioner of the Revenue

Return To: Commissioner of Revenue Business Tax Dept.
P.O. Box 15285
Chesapeake, VA 23328-5285
757-382-6738; 757-382-6739; 757-382-8822 fax
email: bustax@cityofchesapeake.net

FLAT RATE ROOM TAX REPORT

ACCOUNT #:	MONTH/YEAR	DUE DATE

Trade Address:

Mailing Address:

		1. # OF ROOMS OCCUPIED	
		2. EXEMPT ROOMS	
APPLICANT		3. # OF ROOMS SUBJECT TO TAX	
C/O if indicated		4. TAX: $1.00 x LINE 3	
TRADE NAME		5. PENALTY 5% (per month) of line 4	
STREET		6. **TOTAL TAX DUE**	
CITY, STATE, ZIP CODE			

CERTIFIED SIGNATURE _____ DATE _____

Return Due and Payable On or Before 20th Day of Reporting Month
MAKE CHECKS PAYABLE TO "CITY OF CHESAPEAKE" (YOUR CHECK IS YOUR RECEIPT)

Complete and Return Upper Portion with Payment - Retain Lower Portion for Your Records

CALCULATING NUMBER OF ROOMS SUBJECT TO TAX:

1. **# of Rooms Occupied Per Night (Total for reporting month)**
2. **Deduct # of Rooms exempt from tax (Certificates on file)**
3. **# of Rooms SUBJECT TO CITY FLAT RATE ROOM TAX**
4. **Multiply line 3 by $1.00 = Tax Amount Due**

If remitting late payment after the 20th of the month deadline:

5. **Multiply the tax amount due (line 4) by .05 (5%) = Penalty**
6. **Add line 5 to line 4 and remit Total Tax due**

If you have any questions, please contact the Commissioner of the Revenue's Office
757-382-6738; 757-382-6739; bustax@cityofchesapeake.net