



**Town of Onley**  
**Transient Occupancy Tax Report**

Business \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Business License Number \_\_\_\_\_

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**TAX CALCULATION**

FOR THE MONTH OF:

GROSS RECEIPTS:

**TOWN TAX RATE X 2%**

AMOUNT DUE:

PENALTY:

INTEREST:

TOTAL DUE:

PAYMENT METHOD: \_\_\_\_\_ CASH \_\_\_\_\_ CHECK# \_\_\_\_\_

I HEREBY CERTIFY THAT THE FIGURES SHOWN OF THIS FORM ARE CORRECT:

\_\_\_\_\_  
Authorized Signature

**Please remit payment to Town of Onley, PO Box 622, 25559 E. Main St., Onley VA 23418  
on or before the 20<sup>th</sup> day of the following month of collection.**