

Sherman A. Holland
Commissioner of the Revenue
215 Church Ave SW, Room 251
Roanoke, VA. 24011

City of Roanoke Admission Tax Return

Telephone: (540) 853-6828
Fax: (540) 853-1115
localtax@roanokeva.gov

All forms must have the account number of the business included or it will not be processed. Your account number is the same as your business license number. If you do not know your account number, please contact The Commissioner of the Revenue Business Office.

Trade Name: _____ Account Number _____

Legal/ Owner Name _____

Physical Business Address _____

REPORT DUE ON OR BEFORE THE 20TH DAY OF THE FOLLOWING CALENDAR MONTH

FILING PERIOD ENDING _____, 20____

Ticket Charge		No. of Tickets sold		Total
	X		=	
	X		=	
	X		=	
	X		=	
	X		=	

Make Checks Payable to: **CITY TREASURER**

P.O. Box 1451

Roanoke, VA. 24007-1451

Gross Admission Receipts _____

Tax (5.5%) _____

*Penalty for Late Payment (10%) _____

Total Due _____

* Penalty and Interest apply on all returns paid after the 20th day of the following calendar month for the filing period.
Interest due will be calculated and billed to the business.

Under penalties provided by law, the undersigned certifies that this return is true and correct and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

Signature: _____ Title: _____

Date: _____ Telephone Number: _____