

# CITY OF SALEM

114 N. Broad Street  
Salem, VA 24153

## ADMISSION TAX REPORT OF COLLECTION AND REMITTANCE

\*\*\*\*\*

**BUSINESS NAME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**REPORTING PERIOD:** \_\_\_\_\_

**GROSS RECEIPTS FOR MONTH:** \_\_\_\_\_

---

---

### TAX COMPUTATION:

1. NUMBER OF TICKETS (OR ADMISSIONS) SOLD: \_\_\_\_\_

2. CHARGE PER TICKET (LESS FEDERAL TAX): \_\_\_\_\_

3. LINE 1 X LINE 2 = \_\_\_\_\_ GROSS TICKETS SALES

4. LINE 3 X 5% = TAX AMOUNT TO REMIT: \_\_\_\_\_

---

---

**SIGNATURE OF OWNER, PARTNER OR OFFICER:** \_\_\_\_\_

\*\*\*Affirmation: I do affirm that the above information appearing on this form is true and correct to the best of my knowledge.\*\*\*

\*\*\*\*\*

File this report with the Commissioner of the Revenue on or before the **15<sup>th</sup> day of the month following** the month during which the tax was collected. Please attach check or money order in the amount of the tax being remitted. Make check or money order payable to the "*City of Salem*". ***Please do not mail cash.***