

**SHORT TERM/DAILY RENTAL TAX**  
**QUARTERLY REPORT FOR COLLECTION AND REMITTANCE**  
(Pursuant to City of Salem Code Section 82-176 through 82-183)

Owner Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Salem City Rental Location: \_\_\_\_\_

Business Tax Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ VA Sales Tax #: \_\_\_\_\_

Description of Rental Property: \_\_\_\_\_

**The receipts reported are for the quarter ending:**  
\_\_\_\_\_ **March 31**    \_\_\_\_\_ **June 30**    \_\_\_\_\_ **September 30**    \_\_\_\_\_ **December 31**

<b>Gross Receipts for all Rentals</b>	\$
<b>Gross Receipts for Short Term Rentals</b>	\$
<b>Computation of Tax (1% of line 2)</b>	\$

I, the undersigned, hereby certify under penalty of perjury, that the information provided herein, is true and correct to the best of my knowledge and belief. By signing, written or electronically, I also certify that I am the owner or authorized agent for the company named above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_