

CITY OF SALEM, VIRGINIA  
"DEDICATED TO CITIZEN SATISFACTION"

Linda M. Carroll  
Commissioner of the Revenue

SHORT TERM RENTAL TAX REMITTANCE FORM

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TRADE NAME

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
LOCATION

GROSS RECEIPTS FOR ALL RENTALS: 1. \_\_\_\_\_  
GROSS RECEIPTS FOR SHORT TERM RENTALS: 2. \_\_\_\_\_  
COMPUTATION OF TAX (1% OF LINE 2): 3. \_\_\_\_\_

QUARTER ENDING \_\_\_\_\_

MAKE CHECK PAYABLE TO: TREASURER, CITY OF SALEM  
MAIL TO: COMMISSION OF THE REVENUE, 114 N BROAD ST SALEM, VA  
24153

I (we), the undersigned, hereby certify under penalty of perjury, that the information provided herein, is true and correct to the best of my (our) knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME