



RUTH L. EASLEY
COMMISSIONER

OFFICE OF THE COMMISSIONER OF THE REVENUE
55 W. CHURCH STREET, ROOM 101
P.O. BOX 1222
MARTINSVILLE, VIRGINIA 24114-1222

PHONE (276) 403-5131
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CITY OF MARTINSVILLE
REGISTRATION FORM
FOR TAX COLLECTION ON
TRANSIENT LODGING

(Please read instructions on second page before completing this form)

Application Date: _____

Applicant _____

Trade Name _____

Business Physical Location _____

Business Telephone _____ Business Fax _____

Mailing Address _____

City _____ State _____ Zip Code _____ e-mail _____

Telephone Number _____ Fed. ID#/SS# _____

Applicant's Residence Address _____

City _____ State _____ Zip Code _____ Home Telephone _____

Indicate Type of Ownership: ___ Individual/LLC ___ Partnership/LLC ___ Corporation/LLC ___

For Partnerships -- Name and Address of General Partners:

For Corporations -- Officers of Corporation: _____

Name and Address for Person Responsible for Payment of Tax _____

State of Incorporation _____ Date of Charter of Incorporation _____

Registered Agent _____

Registered Agent's Address _____

City _____ State _____ Zip Code _____ e-mail _____

Registered Agent's Telephone _____ Fax _____

Accountant/Bookkeeper _____ Accountant/Bookkeeper's Telephone _____

Accountant/Bookkeeper's Address _____

City _____ State _____ Zip Code _____ e-mail _____

I authorize the Commissioner of the Revenue or her deputies to discuss my business returns with my preparer. _____ (Please initial)

Seasonal Business: _____ No _____ Yes; If yes, list the months of operation: _____

Business Starting Date: _____

Previous Owner _____

Previous Owner's Address _____

City _____ State _____ Zip Code _____ Telephone _____

Previous Trade Name _____

Previous Business License Number _____

Martinsville/Henry Co. Health Permit No. _____

State Department of Agriculture Permit No. _____

State Sales and Use Tax Registration No. _____

Applicant's Signature

Print Name

Title

Date

INSTRUCTIONS

Please print or type all information and return to the Commissioner of the Revenue within ten (10) days after receiving this form.

A separate registration form must be completed for each business location. The word "applicant" as used on this form means any individual, corporation, company, association, firm, partnership or any group of individuals acting as a unit responsible for the collection or remittance of the Transient Lodging Tax.

Requirements for Filing Remittances:

Remittances are due on or before the 20th day of each month following the month in which the tax was collected. Postmarks will be accepted. If the due date falls on a weekend or on a holiday, the next business day becomes the due date. **The City of Martinsville Transient Lodging Tax is a tax collected in "trust" for the City. As such the tax collected from your customers is temporarily held in trust before being remitted to the City of Martinsville.**

Requirements on Going Out of Business:

When a business shall cease to operate or otherwise be disposed of, all reports and any tax payable under the Code of Ordinances for the City of Martinsville shall become immediately due and payable.

Penalties:

Failure to file, collect or remit the Transient Occupancy Tax listed on this application within the time required will result in civil and criminal penalties.

Record Keeping Requirements:

Records supporting the tax listed on this form shall be kept and maintained for a period of three (3) years. The Commissioner of the Revenue or his deputies shall have the right to inspect and examine such records at reasonable times.

Direct all questions and correspondence to:

**Office of the Commissioner of the Revenue
55 W. Church St., Room 101 or P.O. Box 1222
Martinsville, VA 24114-1222
(276) 403-5131**