

TOWN OF CLINTWOOD
TRANSIENT OCCUPANCY TAX
MONTHLY REPORTING FORM

COMPANY NAME _____

ADDRESS _____

CITY/STATE _____

REPORTING MONTH _____

1. GROSS SALES \$ _____

2. LESS AUTHORIZED EXEMPTIONS _____

3. NET SALES SUBJECT TO
TRANSIENT OCCUPANCY TAX
(LINE 1 MINUS LINE 2) _____

4. TAXABLE RATE 5% _____

5. TOTAL TAX DUE TO TOWN OF
CLINTWOOD (LINE 3 X LINE 4) _____

I THE UNDERSIGNED REPRESENTATIVE DO HEREBY DECLARE THAT TO THE BEST
OF MY KNOWLEDGE THIS IS A TRUE, CORRECT AND COMPLETED FORM.

SIGNATURE

DATE

**TOWN OF CLINTWOOD
BUSINESS LICENSE APPLICATION
FOR YEAR 2016**

Business Name: _____

Street Address of Business: _____

Mailing Address: _____

Telephone Number: _____

Applicant's Name: _____

Applicant's Address: _____

Telephone Number: _____

TYPE OF BUSINESS LICENSE APPLYING FOR:

___ Contracting or Construction \$30 or .15 cents per \$100 gross receipts whichever is greater

___ Retail sales \$30 or .15 cents per \$100 whichever is greater

___ Financial, Real Estate or Professional Services \$30 or .20 cents per \$100 whichever is greater

___ Repair, Personal or Business Service \$30 or .15 cents per \$100 whichever is greater

___ Other (Specify) _____

Estimate of _____ gross receipts or preceding year's gross receipts
_____. Enclose copy of most recent schedule C or other comparable federal
document.

AMOUNT OF LICENSE TAX FOR JAN.1, 2016 THROUGH DEC. 31, 2016 is \$ _____

ANY SPECIAL CONDITIONS OR REQUIREMENT, IF ANY, UNDER WHICH LICENSED
ACTIVITY SHALL BE CONDUCTED: _____

I certify that the statements and figures set forth on this application are true to the best of my knowledge.

Signature of Applicant

**To avoid late penalty charge of 10% , renew your license by March 31, 2016. Return
application and fee to: TOWN OF CLINTWOOD, PO BOX 456, CLINTWOOD, VA
24228 (QUESTIONS: CALL 276-926-8383)**

TOWN OF CLINTWOOD
P.O. BOX 456
CLINTWOOD, VIRGINIA 24228
276-926-8383

PAYMENT FORM FOR THE TOWN OF CLINTWOOD MEALS TAX

This payment is for the month of _____, 20_____

PART A:

Total receipts for food and or beverages as outlined in the
Town of Clintwood Meals Ordinance: _____

Meals Tax (6% of Town of Clintwood food & beverage sales) X 6% _____

TOTAL MEALS TAX COLLECTED _____

PART B:

Total Meals Tax Collected (Part A): _____

Business Commission for Collecting the Meals Tax
(This is 3% of the Meals Tax Collected) X 3% _____

TOTAL BUSINESS COMMISSION FOR COLLECTION _____

PART C:

Total Meals Tax Collected (Part A): _____

Less-Total Business Commission (Part B): _____

TOTAL TAX PAYABLE TO THE TOWN OF CLINTWOOD _____

Please make checks payable to:

Town of Clintwood
P.O. Box 456
Clintwood, VA 24228

Payment is due by the 15th day of the following month.
Should you have any questions, please call 276-926-8383.