

COUNTY OF HENRY, VIRGINIA

Commissioner Of Revenue

Post Office Box 1077

Collinsville, Virginia 24078

SSN/FIN Number _____

Account Number _____

Name and Address of Business:

Telephone Number _____

Business location if other than above:

Authorized

Signature _____

**OCCUPANCY TAX
REMITTANCE FORM**

Month of _____

Due by the 20th of the Following
Month or a 10% penalty will be assessed

Rentals Subject to Tax

Tax on Rentals at 5%

Date: _____

Make Check Payable to: County of Henry, VA