



Selenia R. Boone
Commissioner of the Revenue

LODGING TAX

Business Name & Address:

Registration # _____

For Month Of _____

Gross Receipts _____

8% Tax _____

Penalty & Interest _____

Total Remittance _____

I hereby certify that the figures shown on this form are in accordance with the Code of the City of Franklin § 27-182

Signed

Checks Payable To: City Treasurer
207 W. 2nd Ave
Franklin VA 23851