



CITY OF COLONIAL HEIGHTS, VA Purchased Meals, Transient Lodging & TID Tax Filing Form

William S. Feasenmyer Jr., Commissioner of the Revenue
Phone: 804 520-9280 Fax: 804 520-9250
cor@colonialheightsva.gov

Local Business Name: _____
Local Business Address: _____

Corporate Name: _____
Corporate Mailing Address: _____

Contact Name: _____
Contact Phone: _____ Contact e-mail: _____

For Month(s) of: _____
Gross Meal Receipts _____
6.5% Tax on Meals **Note new rate to be collected July 1, 2023** _____
10% Penalty & Interest If not paid by 20th of Month _____
Amount Due _____

Gross Transient Lodging Receipts _____
8% Tax on Transient Lodging Receipts _____
10% Penalty & Interest If not paid by 20th of Month _____
Amount Due _____

2% Tourism Improvement District (TID) **Begin Collecting June 1, 2024** _____

Total Remittance _____

Make checks payable to: City of Colonial Heights

The undersigned hereby certifies that the amounts shown on this form are in accordance with the Code of the City of Colonial Heights, 258-42.2 and 258-53. If you have any doubt as to your responsibility for record keeping, calculating the amount due, or the due date, please go to the City website at

www.colonialheightsva.gov, City Code, to read Articles XIA and XIII in their entirety.

Signed: _____ Date: _____

Please make a copy of this form for your records and MAIL THE ENTIRE ORIGINAL FORM TO:

Commissioner of the Revenue
PO Box 3401
201 James Avenue
Colonial Heights, VA 23834