

PRINCE WILLIAM COUNTY FINANCE DEPARTMENT TAX ADMINISTRATION

PO BOX 2467, WOODBRIDGE, VA 22195-2467 Telephone: 703-792-6710 Fax: 703-792-4673 E-Mail: TaxpayerServices@pwcgov.org

Companies Name:
Address:

FILE RETURN ON OR BEFORE: APRIL 30, 2025 Tax due, if any, must be included with this return.

Tra	count Number:ade Name:		
		1st Quarter 2025 Filing Period	
1.	Gross Receipts:		_
2.	Deductible Gross Receipts:		_
3.	Taxable Gross Receipts:	(Line 1 - Line 2)	
4.	Tax Due:	(8% of Gross Receipts, Line 3)	
5.	Penalties:	(Reference Instructions on the Reverse of this Page)	
6.	Interest, if applicable:	(10% Per Annum of Line 4)	
7.	TOTAL DUE:	(Line 4 + Line 5 + Line 6)	

Instructions:

Submit filings and payments through the Taxpayer Portal for faster processing. To register for an online account or log in (if you already have one), go to tax.pwcgov.org. To set up a portal account, you will need your Transient Occupancy Tax Account number.

Payment is due in full on or before APRIL 30, 2025. See Instructions on the Reverse of this Page to determine Late Filing Penalties and Interest if paying after APRIL 30, 2025.

I declare that the statements and figures herein given, including any accompanying schedules and statements, are true, full and correct to the best of my knowledge and belief. Under §58.1-11 of the Code of Virginia, any person who willfully subscribes an application which he does not believe to be true and correct shall be guilty of a Class 1 misdemeanor.		APPLICANT'S CONTACT INFORMATION NAME PHONE
SIGNATURE	DATE	EMAIL

Manage and pay your taxes online www.tax.pwcgov.org.

Transient Occupancy Tax Return Forms

Penalties -A late payment penalty of 10% is assessed on any unpaid Taxable Gross Receipts (reference line four (4) on the return form). If the tax is not paid by the due date, add the 10% penalty to the payment and include the penalty amount from return form line five (5). To ensure on-time payment: payments that are sent by mail must be postmarked on or before midnight of the original due date; payments made online must be submitted on or before midnight of the due date.

Interest - Interest for late payments is 10% per annum of the tax amount due. Interest will be added beginning on the first day of the month following the original due date. If interest is applicable, add the interest amount to your payment and include the interest from return form line six (6).

Return Fee -A \$50 service fee is added to your account for each check or electronic payment authorization not honored.

Tax.pwcgov.org - It is recommended that you file your remittance through the taxpayer portal tax.pwcgov.org. The taxpayer portal is available to make online payments and to help you manage your Prince William County taxes. With a taxpayer portal account, you can receive email notification reminders when a required filing is coming due. Other portal functions allow for electronic submission of required filings including remittance for transient occupancy, business license, and business tangible property tax forms.



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Companies Name:	
Address:	

FILE RETURN ON OR BEFORE: JULY 31 2025 Tax due, if any, must be included with this return.

Account Number: Trade Name:		
Lo	cation	_
		2nd Quarter 2025 Filing Period
1.	Gross Receipts:	
2.	Deductible Gross Receipts:	
3.	Taxable Gross Receipts:	(Line 1 - Line 2)
4.	Tax Due:	(8% of Gross Receipts, Line 3)
5.	Penalties:	(Reference Instructions on the Reverse of this Page)
6.	Interest, if applicable:	(10% Per Annum of Line 4)
7.	TOTAL DUE:	(Line 4 + Line 5 + Line 6)
Ins	structions:	

Complete, Sign, Date, and Return this Form along with your payment to:

Tax Administration, PO Box 2467, Woodbridge, VA 22195-2467

Payment is due in full on or before JULY 31, 2025. See Instructions on the Reverse of this Page to determine Late Filing Penalties and Interest if paying after JULY 31, 2025.

Make all checks payable to PRINCE WILLIAM COUNTY

I declare that the statements and figures herein given, including any accompanying schedules and statements, are true, full and correct to the best of my knowledge and belief. Under §58.1-11 of the Code of Virginia, any person who willfully subscribes an application which he does not believe to be true and correct shall be guilty of a Class 1 misdemeanor.		APPLICANT'S CONTACT INFORMATION A RN	J
		NAME	
		PHONE	_
SIGNATURE	DATE	EMAIL	

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Companies Name:	
Address:	

FILE RETURN ON OR BEFORE: OCTOBER 31, 2025

Tax due, if any, must be included with this return.

	ount Number: e Name: tion	_	
1. (Gross Receipts:		
2. [Deductible Gross Receipts:		
3	Taxable Gross Receipts:	(Line 1 - Line 2)	
4	Tax Due:	(8% of Gross Receipts, Line 3)	
5. F	Penalties:	(Reference Instructions on the Reverse of this Page)	
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7	FOTAL DUE:	(Line 4 + Line 5 + Line 6)	

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Payment is due in full on or before OCTOBER 31, 2025. See Instructions on the Reverse of this Page to determine Late Filing Penalties and Interest if paying after OCTOBER 31, 2025.

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		NAME	
		PHONE	_
SIGNATURE	DATE	EMAIL	

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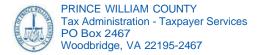
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Companies Name:	
Address:	

FILE RETURN ON OR BEFORE: FEBRUARY 2, 2026

Tax due, if any, must be included with this return.

Account Number: Trade Name:	
Location	
	4th Quarter 2025 Filing Period
1. Gross Receipts:	
2. Deductible Gross Receipts:	
3. Taxable Gross Receipts:	(Line 1 - Line 2)
4. Tax Due:	(8% of Gross Receipts, Line 3)
5. Penalties:	(Reference Instructions on the Reverse of this Page)
6. Interest, if applicable:	(10% Per Annum of Line 4)
7. TOTAL DUE:	(Line 4 + Line 5 + Line 6)
Instructions:	

Complete, Sign, Date, and Return this Form along with your payment to:

Tax Administration, PO Box 2467, Woodbridge, VA 22195-2467

Payment is due in full on or before February 2, 2026. See Instructions on the Reverse of this Page to determine Late Filing Penalties and Interest if paying after February 2, 2026.

I declare that the statements and figures herein given, including any		APPLICANT'S CONTACT INFORMATION	A	RN
and statements, are true, full and correct to the best of my knowledge and belief. Under §58.1-11 of the Code of Virginia, any person who willfully subscribes an application which he does not believe to be true and correct shall be guilty of a Class 1 misdemeanor.		NAME		
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SIGNATURE	DATE	EMAIL		

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