



City of Petersburg Commissioner of the Revenue

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Brittany C. Flowers
*Commissioner of the
Revenue*

Assessment of Admission Tax

Amusements, Entertainment, Dances, Cover Charges Etc.

5% of the Gross Admission

Federal ID#/Social Security#/Account # _____

NAME _____

STREET ADDRESS WHERE FUNCTION WILL BE HELD:

PETERSBURG VA 2380__

TYPE OF FUNCTION _____

MONTH OF _____

Number admissions	Admission Charge	Total	Amount Tax
			\$
			\$
			\$
			\$

Total Amount of Tax Due \$ _____

Make Check Payable: City of Petersburg

I swear or affirm that I have examined this return, that is made in good faith, and that to the best of my knowledge and belief all entries made herein and contained in each schedule or statement attached and made a part hereof, are true, correct and complete and in accordance with the law and regulations applicable hereto.

Signed _____ Title _____

Sworn to and subscribed before me this _____ day of _____

Commissioner of the Revenue _____