This form may be printed blank or filled in online and then printed.

Reset Form

City Of Newport News, Virginia

LOCAL TELEPHONE UTILITY & E-911 TAX MONTHLY REMITTANCE

Along with this form, remit payment to:
Commissioner of the Revenue
Attn: COR - Related Tax Department
2400 Washington Avenue
Newport News, Virginia 23607-4389

For assistance call (757) 926-8644 or fax us at (757) 247-2628. You may visit us at our website @ http://www.nngov.com/cor

Name of Company: _____ **Federal ID Number:** _____

Address: _____

City: _____ **MONTH & YEAR TAX COLLECTED:**

State: _____ Zip code: _____

Tax is due on or before the last day of the 2nd calendar month after tax was collected.

Please complete the following calculations for which you are remitting payment. Attach an itemized listing of all deductions and additions to the gross receipts.

LOCAL TELEPHONE UTILITY TAX:

Newport News City Code §40-98 through §40-106, except for §40-98.1.
Unless specifically exempted or excluded under Newport News City Code §40-98 (d)(3), §40-99, or §40-100, each and every purchaser of local exchange telephone service shall be subject to the following rates:

Residential Rate: 22% on first $13.20 ***Commercial & Industrial Rate: 20% on first $300.***

	Residential Taxed at 22%	Commercial Taxed at 20%	**Totals**
Total Gross Receipts	$	$	$
Deductions	$	$	$
Additions	$	$	$
Total Taxable Gross Receipts	$	$	$
TOTAL TELEPHONE TAX DUE	$	$	$

E-911 TELEPHONE SYSTEM TAX:

Newport News City Code §40-98.1 to §40-105.
The tax rate of $2.58 per line applies on a monthly basis unless specifically exempted or excluded under Newport News City Code §40-99 and §40-100.

Number of lines	Tax	Total Tax Billed
	$2.58 per line	$
	Deductions	$
	Additions	$
	Less discount of 3%, ***if paid by due date***	$
	Total E-911 Tax Due	$

TOTAL TAXES REMITTED	$

DECLARATION: I declare that the statements and figures herein given are true, full and correct to the best of my knowledge and belief.

_____ _____
SIGNATURE DATE

_____ (____) _____
TITLE TELEPHONE NUMBER