Print Form

FORM 722 V.I.

(REV. 12/2003)

Government of the U. S. Virgin Islands
BUREAU OF INTERNAL REVENUE

Hotel Room Tax Return

Employer Identification Number (EIN) ☐☐-☐☐☐☐☐☐☐

Serial # ☐☐☐☐☐

CURRENT MONTH ☐☐

Social Security Number (SSN) ☐☐☐-☐☐-☐☐☐☐

200 ☐

	Location of Rooms	Room Nights	Amount of Rentals
A.			
B.			
C.			
D.			

E. Total Amount of Rental (add A, B, C, and D) ..... E.

F. Tax Due (multiply line E by tax rate of .08 or 8%) ..... F.

G. Penalty ..... G.

(if payment is late, multiply line F by .15 or 15% for the first month. If payment is late by more than a month, then multiply line F by .25 or 25% .)

H. INTEREST *(if payment is late, multiply line 5 by .01 or 1% per month)* ..... H.

I. Total Amount Due (Add lines F, G, and H) ..... I.

(Submit this amount with return)

Name

D/B/A

Mailing Address

City **State** **Zip Code**

Telephone Number — —

PLEASE REMIT BY DUE DATE TO:

BUREAU OF INTERNAL REVENUE

ST. THOMAS, U.S.V.I. 00802

ST. CROIX, U.S.V.I. 00820

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Indicate one of the following:

☐ Hotel ☐ Timeshare