



TIFFANY M. BOYLE
Commissioner of the Revenue

City of Newport News, Virginia
PUBLIC RIGHTS-OF-WAY USE FEE
QUARTERLY REMITTANCE

FORM #001



VALERIE Y. GAINS
Chief Deputy

Along with this form, remit payment to:

Commissioner of the Revenue
Attn: COR - Related Tax Department
2400 Washington Avenue
Newport News, VA 23607-4389

For assistance call (757) 926-8644 or fax us at (757) 247-2628. You may visit us at our website @ www.newport-news.va.us.

Name of Company: _____

Address: _____

City: _____

State: _____ Zip code: _____

Federal ID Number: _____

Due Date: Two months after the end of each quarter in which the fee has been billed to ultimate end users as follows:

1st Quarter: Jan. Mar., due **May 31st**

3rd Quarter: Jul. Sept. due **Nov. 30th**

2nd Quarter: Apr. June, due **Aug. 31st**

4th Quarter: Oct. Dec. due **Feb. 28th**.

Please complete the following calculation for which you are remitting payment. Attach an itemized listing of all deductions and additions to the total fees billed.

PUBLIC RIGHTS-OF-WAY USE FEE:

Newport News City Ordinance 5258-99

Code of Virginia §56-468.1 (includes definition of an access line).

Effective July 1, 2021 through June 2022; \$1.60 per access line, per month

July 2020 thru June 2021: \$1.15 per access line, per month

July 2019 thru June 2020; \$1.20 per access line, per month

July 2018 thru June 2019: \$1.09 per access line, per month

July 2016 thru June 2018: \$1.11 per access line, per month

July 2015 thru June 2016: \$1.05 per access line, per month

Month Billed to End Users	Total Number of access lines	Tax rate	Total Fees Billed
		\$.____ per access line, per month	\$
		\$.____ per access line, per month	\$
		\$.____ per access line, per month	\$
<i>Deductions</i>			\$
<i>Additions</i>			\$
TOTAL FEES 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