

Form WCT-2 Virginia Watercraft Sales And Use Tax Return

- Instructions and a worksheet for completing this form can be found on Form WCT-2A, Virginia Watercraft Sales And Use Tax Worksheet. This and other Virginia tax forms can be obtained from the Department's web site www.tax.virginia.gov.
- This return must be filed even if no sales were made during filing period.
- Make check or money order for the amount in Line 9 (payable to the order of **Virginia Department of Taxation**) and mail with this return to the address shown above.
- Make check or money order for the amount on Line 9 payable to **Virginia Department of Taxation** and mail with return to:

**Virginia Department of Taxation
Virginia Watercraft Sales TAX
P.O. Box 829)
Richmond, VA 23218-1115)**

- Payments returned by the bank will be subject to a returned payment fee in addition to any other penalties that may be incurred.
- For assistance call (804) 367-8037 or write to:

**Virginia Department of Taxation
Office of Customer Relations
P.O. Box 1115
Richmond, VA 23218-1115**

Detach at dotted line below. DO NOT SEND ENTIRE PAGE.

Form WCT-2 Virginia Watercraft Sales and Use Tax Return

(Doc ID 292)

For assistance, call (804) 367-8037

Check if Out-of-Business and enter the termination/sold date _____

| | |
|--------|----------|
| Period | Due Date |
|--------|----------|

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| | | |
|---------|-------|-----|
| Acct. # | | |
| Name | | |
| Address | | |
| City | State | ZIP |

I declare that this return (including accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

| | | | |
|----|--|--|--|
| 1 | Total Rental, Lease or Other Receipts | | |
| 2 | Total Sales Receipts | | |
| 3 | Subtotal (Add Lines 1 and 2.) | | |
| 4e | Total Deductions | | |
| 5 | Taxable Amount (Line 3 minus Line 4e) | | |
| 6 | Tax Due - (2%) (Line 5 X .02) | | |
| 7 | Penalty for Late Filing and Payment See instructions. | | |
| 8 | Interest for Late Filing and Payment See instructions. | | |
| 9 | Total (Add Lines 6, 7 and 8) | | |

Signature _____ Date _____ Phone Number _____
Va. Dept. of Taxation WCT-2 AR W REV F/F5