



Meals Tax Monthly Submission Form

Meals Tax for Month _____ Year _____ Account _____
Business Name _____ Location _____
Mailing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Email _____

1. Gross Meals Receipts (do not include any tax receipts) (1) _____
2. Allowable Deductions
 - a. Meals employees (when no charge is made to employee) (2a) _____
 - b. Meals paid for by federal, state or local governments (2b) _____
 - c. Meals exempt under VA Retail Sales & Use Tax Act (2c) _____
 - d. Other (please specify) (2d) _____
 - e. Total deductions (2e) _____
3. Item 1 less 2e (taxable receipts) (3) _____
4. Meals Tax (7.5% of item 3) (4) _____
5. Less 3% discount (3% of line 4) **If paid by 20th of month due** (5) _____
6. Unpaid balance from previous month (6) _____
7. **TOTAL MEALS TAX DUE** (7) _____
8. 10% Penalty for Late Payment of item 4 or \$10, whichever is greater (8) _____
9. 10% Interest per Annum (line 7+8 x .833% per month past due) (9) _____
10. 5% Penalty of item 4 (if not paid within 30 days of initial due date) (10) _____
11. **TOTAL MEALS TAX, PENALTY & INTEREST DUE (sum of 7, 8, 9 & 10)** (11) _____

Report and payment due on or before the 20th of the month following the month during which the tax was collected.

Checks and money orders should be made payable to the TOWN OF CHRISTIANSBURG.

If paid after the due date, a penalty of 10% of the tax and interest at the rate of 10% per annum will be computed upon the tax and penalty from the date such were due and payable. Additional penalties and interest will be applied in accordance with Sections 11-130 and 11-138 of the Town Code if not paid within 30 days of the first due date.

****PLEASE PROVIDE BANK ACCT INFO WHERE CREDIT CARD RECEIPTS ARE DEPOSITED****

Name of Bank: _____ Acct number: _____

I(we) declare under penalty of law that I(we) have examined this return and to the best of my(our) knowledge it is true, correct, and complete.

Signature

_____/_____/_____
Date

Make a copy of this form and keep for your records. Submit original copy with your check or money order.