



## Meals Tax Monthly Submission Form

Meals Tax for Month \_\_\_\_\_ Year \_\_\_\_\_ Account \_\_\_\_\_

Business Name \_\_\_\_\_ Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Location Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Federal Tax ID \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

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 20<sup>th</sup> 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 (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 20<sup>th</sup> 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 Section 18-233 of the Town Code if not paid within 30 days of the first due date.

**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.*