

TOWN OF TAPPAHANNOCK
P.O. BOX 266
915 CHURCH LANE
TAPPAHANNOCK, VA 22560
804-443-3336

MONTHLY REMITTANCE OF MEALS TAX

BUSINESS NAME: _____

1. Gross meals receipts for the month of _____ \$ _____
2. 6% TAX (Line 1 x .06) \$ _____
3. Less 3% sellers discount (Line 2 x .03) \$ _____
(Only when return filed by 20th day of ea. month for prior month)
4. Balance Due (Line 2 Minus Line 3) \$ _____
5. Penalty for LATE payment or late report made after 20th \$ _____
of the month BUT LESS THAN 30 DAYS PAST DUE (Line 2 x .10)
OR
6. PENALTY for LATE payment or late report more than \$ _____
THIRTY days past due BUT LESS THAN SIXTY DAYS PAST DUE
(Line 2 x .20)
OR
7. PENALTY for LATE payment or late report more than \$ _____
SIXTY DAYS past due (Line 2 x .25)

Total Tax and Penalties Due and Paid Herewith \$ _____

Make checks payable to: **Town of Tappahannock**

Mail Original and 2nd copy to P.O. Box 266, Tappahannock, VA 22560.

Reports and the tax proceeds shall be submitted not later than the twentieth (20th) of the month following the month being reported, or late penalties will apply.

DECLARATION OF SELLER:

I hereby swear or affirm that the amounts listed above are true, correct and complete to the best of my knowledge and belief for the period stated above.

Date: _____

Signed by: _____

Phone: _____

Title: _____