



# TOWN OF REMINGTON

## MEALS TAX REPORTING FORM

You must remit a check, bank draft or money order along with the return and postmarked by no later than the 20<sup>th</sup> of each month. Enter all account numbers carefully. Errors may cause payment rejection.

REPORT FOR THE MONTH OF  YEAR

MEALS TAX ACCOUNT #  TOWN OF REMINGTON BUSINESS LIC #

LEGAL BUSINESS NAME

\*TRADE NAME

BUSINESS ADDRESS

CONTACT NAME  PHONE

EMAIL

Has any of the contact information changed?  YES  NO

### MEALS TAX INFORMATION:

1. MONTHLY GROSS FOOD & BEVERAGE SALES:	<input type="text"/>
2. LESS exempt sales (ENTER AS A NEGATIVE)	<input type="text"/>
3. NET Taxable Food and Beverage sales	<input type="text"/>
4. Tax Due (4% line 3)	<input type="text"/>
5. Less 3% of total tax due if payment received by 20 <sup>th</sup> of the month or early. (Enter as negative)	<input type="text"/>
6. Late filing penalty (if after the 20 <sup>th</sup> of the month) (10% line 4)	<input type="text"/>
7. Total Tax due (Line 4 + Line 5 or 6)	<input type="text"/>
8. Interest for late payments (10% per annum)	<input type="text"/>
9. Total amount due (add line 7 + line 8)	<input type="text"/>

**\*\*REQUIRED\*\* AN ITEMIZED LIST/SUMMARY OF THE EXEMPT SALES OR COPIES OF THE RECEIPTS SUPPORTING THE EXEMPT SALES CLAIMED ON LINE 2 MUST BE PROVIDED WITH EACH MONTHLY RETURN TO VERIFY SALES EXEMPT FROM TAXATION.**

COMMENTS:

PURSUANT TO VA CODE 58.1-3906, ANY CORPORATE, PARTNERSHIP OR LIMITED LIABILITY COMPANY OFFICER WHO WILLFULLY FAILS TO PAY, COLLECT OR TRUTHFULLY ACCOUNT FOR AND PAY OVER ANY LOCAL ADMISSION, TRANSIENT OCCUPANCY, FOOD AND BEVERAGE, OR DAILY RENTAL PRPROPERTY TAX ADMINISTERED BY THE COMMISSIONER OF REVENUE OR OTHER AUTHORIZED OFFICER, OR WILLFULLY ATTEMPTS IN ANY MANNER TO EVADE OR DEFEAT ANY SUCH TAX OR PAYMENT THEREOF, SHALL, IN ADDITION TO OTHER PENALTIES PROVIDED BY LAW, BE LIABLE FOR PENALTY OF THE AMOUNT OF THE TAX EVADED OR NOT PAID, COLLECTED, OR ACCOUNTED FOR AND PAID OVER TO BE ASSESSED AND COLLECTED IN THE SAME MANNER AS SUCH TAXES ARE ASSESSED AND COLLECTED.

I DECLARE THAT THE FOREGOING STATEMENT AND FIGURES ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED  DATE  PHONE

PRINT NAME  EMAIL