

TOWN OF HILLSVILLE
P. O. BOX 545
HILLSVILLE, VA 24343
276-728-2128

MEALS TAX FORM

MEALS TAX DUE FOR THE MONTH OF _____

BUSINESS NAME _____

LOCATION _____

MAILING ADDRESS _____

P.O. BOX/STREET CITY STATE ZIP CODE

1. GROSS MEALS RECEIPTS (do not include any tax receipts) \$ _____

2. ALLOWABLE DEDUCTIONS:

- A. Meals to employees when no charge is made to employee \$ _____
- B. Meals paid for by Federal, State or Local Governments \$ _____
- C. Meals exempted under Va. Retail Sales & Use Tax Act \$ _____
- D. Other (Please specify) _____ \$ _____
- E. Total Deductions \$ _____

3. Line 1 less line 2E (Taxable Receipts) \$ _____

4. Meals Tax (8% of line 3) \$ _____

5. Less Discount (3% of item 4 if paid by 20th of month) \$ _____

6. **Total Meals Tax Due** \$ _____

7. 10% Penalty for late payment (10% of line 6) \$ _____

8. 10 % Interest Per Annum (10% of sum of lines 6 & 7 ÷ 12 x # of months late)\$ _____

9. **Total Meals Tax, Penalty & Interest Due (sum of lines 6, 7, & 8)** \$ _____

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Report and payment due on or before the 20th day of the month following the month during which the tax was collected. Checks or money orders should be made payable to **Town of Hillsville, P O Box 545, Hillsville, VA 24343.**

IF PAID AFTER 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.

SIGNATURE _____ DATE _____