Form CV-MT-1
Rev. 9/3/2013

CITY OF CHARLOTTESVILLE, VIRGINIA
OFFICE OF THE COMMISSIONER OF THE REVENUE
POST OFFICE BOX 2964
CHARLOTTESVILLE, VIRGINIA 22902-2964

Virginia Sales Tax
Registration No. _____
Month Ended _____

Check:
Individual _____
Partnership _____
Corporation _____

Name _____

_____
TRADE NAME

_____
PO BOX OR MAILING ADDRESS

_____
DEFINITE LOCATION OF BUSINESS

_____
CITY STATE ZIP CODE

MEALS TAX

1. GROSS RECEIPTS (month)_____ $_____

2. ALLOWABLE DEDUCTIONS

A. Meals to employees, when on charge is made to employee. $_____

B. Meals paid for by federal, state, or local governments. $_____

C. Meals or food sold from coin operated vending machines. $_____

D. Other (please state) _____ $_____

_____

E. Total Deductions $_____

3. ITEM 1 LESS ITEM 2 E. $_____

4. TAX (4% OF ITEM 3) $_____

5. SELLER'S DISCOUNT (3% OF ITEM 4) $_____
ALLOWABLE **ONLY** WHEN RETURN
AND PAYMENTS ARE FILED ON TIME

6. TOTAL TAX LESS SELLER'S DISCOUNT (ITEM 4 LESS ITEM 5) $_____

7. PENALTY FOR LATE PAYMENT 5% OF TAX $_____
ITEM 4 OR MINIMUM OF $2.00

8. INTEREST 10% PER ANNUM $_____

9. TOTAL TAX PENALTY AND INTEREST $_____
(SUM OF ITEMS 6, 7, AND 8)

MAKE CHECK PAYABLE TO: CITY TREASURER, CHARLOTTESVILLE, VIRGINIA
(Check must accompany this report)

NOTE: PLEASE RETURN COMPLETED REPORT WITH PAYMENT TO:

Raymond Lee Richards, Commissioner of the Revenue
P.O. Box 2964, Charlottesville VA 22902-2964

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

Signature:_____ **Date** _____

TO AVOID PENALTY AND INTEREST, REPORT WITH PAYMENT MUST BE FILED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE TAX MONTH.