



MEALS TAX – 2016

PLEASE RETURN COMPLETED REPORT WITH PAYMENT TO:

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

_____	LICENSE NUMBER _____
_____	MONTH ENDED _____
_____	LEGAL NAME _____
_____	TRADE NAME _____
_____	LOCATION ADDRESS _____
_____	_____

1. GROSS RECEIPTS (month) _____ \$ _____

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 or food sold from coin operated vending machines \$ _____

d. Other (please state) _____ \$ _____

e. Total Deductions (sum of items a, b, c and d).....\$ _____

3. LINE 1 LESS LINE 2 E.....\$ _____

4. TAX (5% OF LINE 3, as of 7/1/15).....\$ _____

5. SELLER'S DISCOUNT (3% OF LINE 4).....\$ _____
allowable ONLY when return and payments are filed on time

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

7. PENALTY FOR LATE PAYMENT (5% OF TAX, LINE 4, OR MINIMUM OF \$2.00)..\$ _____

8. INTEREST (10%).....\$ _____

9. TOTAL (SUM OF LINES 6, 7, AND 8).....\$ _____

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

MAKE CHECK PAYABLE TO: CITY TREASURER, CHARLOTTESVILLE, VIRGINIA

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: _____

FOR OFFICE USE ONLY		CK AMT		CK#	
PROCESSOR		LRD		PD	