

# Smyth County, Virginia

## Monthly Meals Tax Report

Return and Payment Due 20th of month following end of period

<u>Federal ID</u>	<u>Report for Month</u>	<u>Year</u>
Name of Taxpayer: _____ Trade Name: _____ Mailing Address: _____ City/State/Zip: _____ Business 911 Address: _____ Telephone Number: ( _____ ) _____ - _____ ext. _____		

In accordance with the Meals Tax Ordinance of Smyth County, Ordinance 2021-03, a 6% meals tax is to be imposed on prepared food and drink held out or offered for sale which when sold is ready for immediate consumption, and to enlarge the County's tax base.

Copies of this ordinance and form are available on-line at [smythcounty.org](http://smythcounty.org) under "Government> County Code" listed as Article XV - Meals Tax.

<ol style="list-style-type: none"> <li>1. Gross Receipts (report even if \$0) <span style="float: right;">\$ _____</span></li> <li>2. Allowable Deduction: _____                      If exempt - attach list of allowable exemptions claimed</li> <li>3. Item 1 less item 2 (Taxable Amount) _____</li> <li>4. Tax (<b>6%</b> of item 3) _____</li> <li>5. Less Commission (<b>3%</b> of line 4) _____  <b>Zero commission if paid after 20th of the month collected</b></li> <li>6. If Paid AFTER DUE DAY - add Surcharge / Interest * _____  <small>contact office at 276-782-4040 for assistance on amount of penalty /interest</small></li> <li>7. <b>Total Balance Due</b> (please verify calculations)                         <ul style="list-style-type: none"> <li>- Tax less Commission <b>OR</b></li> <li>- Tax plus Surcharge / Interest if delinquent * _____</li> </ul> </li> </ol> <p style="text-align: center;"><b><i>(Make check or money order payable to: Treasurer of Smyth County)</i></b></p>	<p style="text-align: center;">For Office Use Only  <small>report &amp; payment filed by 20th _____</small></p> <p style="text-align: center;">Avoid Penalty -                      Please file on time.</p>
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\* See Article XV - Meals Tax, Sec. 23-490 - Violations and penalties.  
 Must confirm Penalty/Surcharge/ Interest by contacting  
 Commissioner of the Revenue office 276-782-4040

I, the undersigned taxpayer, do affirm that the foregoing figures and statement are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

Mail completed report and payment to:

**Commissioner of the Revenue**  
**PO Box 985**  
**Marion VA 24354**

**A report is required by or before the 20th of each month, even if gross taxable receipt is \$0.**