



TOWN OF WEST POINT

PHONE: (804) 843-4362

MEALS TAX FORM
Monthly Remittance on Prepared Food and Beverages

NAME OF BUSINESS: _____

- 1. GROSS RECEIPTS FOR THE MONTH _____ \$ _____
- 2. LESS ALLOWABLE DEDUCTIONS (if applicable) \$ _____
- 3. BALANCE TAXABLE \$ _____
- 4. 4% TAX ON ITEM 3 \$ _____

CONTINUE BELOW IF FILING & PAYING AFTER DUE DATE

- 5. LATE FILING PENALTY (5% OF ITEM 4) \$ _____
- 6. TOTAL TAX AND LATE FILING PENALTY \$ _____
- 7. LATE PAYMENT PENALTY (5% OF ITEM 6) \$ _____
- 8. TOTAL TAX AND LATE PAYMENT PENALTY \$ _____
- 9. INTEREST OF 1% PER MTH (12% ANNUAL) TAX AND PENALTY...\$ _____
- 10. TOTAL TAX, PENALTY AND INTEREST DUE \$ _____

MAKE CHECK PAYABLE TO TOWN OF WEST POINT

DECLARATION OF SELLER:

I HEREBY SWEAR OR AFFIRM THAT THE AMOUNTS LISTED ABOVE ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF FOR THE PERIOD STATED ABOVE.

PRINT NAME & TITLE: _____ DATE: _____

SIGNATURE: _____ PHONE NO: _____

INSTRUCTIONS: MAIL ORIGINAL COPY TO TOWN OF WEST POINT, MEALS TAX DEPT ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED:

**TOWN OF WEST POINT
MEALS TAX DEPT
P.O. BOX 152
WEST POINT, VA 23181**

FOR OFFICE USE:

DATE RECEIVED IN OFFICE: _____