



Town of Tappahannock
P.O. Box 266
Tappahannock, Virginia 22560
(804) 443-3336 or Fax 804-443-1051
www.tappahannock-va.gov

MONTHLY REMITTANCE OF MEALS TAX

BUSINESS NAME: _____

PHONE: _____ **EMAIL:** _____

1. Gross meals receipts for the month of _____ \$ _____
 2. 6% TAX (Line 1 x .06) \$ _____
 3. Less 3% sellers discount (Line 2 x .03) \$ _____
(Only when filed/postmarked by 20th day of ea. month for prior month)
 4. Balance Due (Line 2 Minus Line 3) \$ _____
 5. Penalty for LATE payment or late report made/postmarked
after 20th of the month BUT LESS THAN 30 DAYS PAST DUE
(Line 2 x .10) \$ _____
OR
 6. PENALTY for LATE payment or late report made/postmarked
more than THIRTY days past due BUT LESS THAN SIXTY
DAYS PAST DUE (Line 2 x .20) \$ _____
OR
 7. PENALTY for LATE payment or late report made/postmarked
more than SIXTY DAYS past due (Line 2 x .25) \$ _____
- Total Tax and Penalties Due and Paid Herewith** \$ _____
-

Make checks payable to: **Town of Tappahannock**
Mail Original and payment to **P.O. Box 266, Tappahannock, VA 22560.**

Reports and the tax proceeds shall be submitted not later than the twentieth (20th) of the month following the month being reported, or late penalties will apply.

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.

Date: _____

Signed by: _____