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 or post marked 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:_____