Submit return and payment to:
Maggie Ragon
Commissioner of the Revenue
P.O. Box 4
Staunton, VA 24402

MEALS TAX RETURN

CITY OF STAUNTON, VA
COMMISSIONER OF THE REVENUE
(540) 332-3829
revenue@ci.staunton.va.us

Make check payable to:
City of Staunton, Treasurer

To avoid penalty and/or interest, this return with payment must be filed on or before the 20th day of the month following the tax month.

Tax Year:	Tax Month:	
Trade Name:		
Corporate Name:		
Mailing Address:		
City:	State:	Zip:

1. MONTHLY GROSS RECEIPTS FROM SALES OF MEALS/BEVERAGES SUBJECT TO THIS TAX ..... $ _____
2. ALLOWABLE DEDUCTIONS
   a. MEALS TO EMPLOYEES WHEN NO CHARGE IS MADE ..... $ _____
   b. MEALS PAID FOR BY FEDERAL, STATE, OR LOCAL GOV'T ..... $ _____
   c. OTHER (PLEASE PROVIDE EXPLANATION) ..... $ _____
3. TOTAL DEDUCTIONS (SUM OF 2A, 2B, 2C) ..... $ 0.00
4. NET GROSS RECEIPTS (LINE 1 - LINE 3) ..... $ 0.00
5. TAX (LINE 4 x 7%) ..... $ 0.00
6. SELLERS DISCOUNT** (LINE 5 x 3%) ..... ☑CHECK BOX IF SELLERS DISCOUNT APPLIES 0.00
   **Sellers Discount only applies if return is filed and paid on or before the due date.
7. TOTAL TAX DUE (LINE 5 - LINE 6) ..... $ 0.00
8. PENALTY FOR LATE PAYMENT (LINE 7 x 5%) ..... $ _____
9. INTEREST (10% PER ANNUM) ..... $ _____
10. TOTAL TAX DUE INCLUDING PENALTY & INTEREST (SUM OF LINES 7, 8, & 9) ..... $ 0.00

By signing this return, I, hereby, declare that this return has been examined by me and is true, complete, and correct to the best of my knowledge and belief.

_____ _____
Signature Date

FOR OFFICE USE ONLY Date: _____ Amt. Rec.: $_____ Check #_____ ☐ Paid at Treasurer