CITY OF STAUNTON, VIRGINIA
OFFICE OF
THE COMMISSIONER OF THE REVENUE
116 WEST BEVERLEY STREET P.O. BOX 4
STAUNTON, VA 24402-0004

MEALS TAX RETURN

VIRGINIA SALES TAX REGISTRATION NO. : _____ **REPORT MONTH:** _____

TRADE NAME: _____

PHYSICAL ADDRESS OF BUSINESS: _____

MAIL ADDRESS 1: _____

MAIL ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP: _____

1. GROSS RECEIPTS FROM SALES OF MEALS SUBJECT TO THIS TAX →	$	**(LINE 1)**
2. ALLOWABLE DEDUCTIONS		
A. MEALS TO EMPLOYEES WHEN NO CHARGE IS MADE		
B. MEALS PAID FOR BY FEDERAL. STATE OR LOCAL GOVERNMENTS		
C. MEALS OR FOOD SOLD FROM COIN OPERATED VENDING MACHINES		
D. OTHER (PLEASE EXPLAIN)		
3. TOTAL DEDUCTIONS (SUM OF 2A. 2B, 2C, 2D)	$	**(LINE 3)**
4. NET GROSS RECEIPTS **(LINE 1 (-) MINUS LINE 3)**	$	**(LINE 4)**
5. TAX (LINE 4 (X) MULTIPLIED BY 7%)		**(LINE 5)**
6. SELLERS DISCOUNT (LINE 5 (X) MULTIPLIED BY 3%)	$	**(LINE 6)**

(NOTE: DISCOUNT ALLOWED ONLY IF RETURN IS FILED AND TAX PAID ON OR BEFORE DUE DATE)

7. TOTAL TAX DUE (LINE 5 (-) MINUS LINE 6)	$	**(LINE 7)**
8. PENALTY FOR LATE PAYMENT **(LINE 5 (X) MULTIPLIED BY 5%)(MINIMUM $2.00)**	$	**(LINE 8)**
9. INTEREST **(10% PER ANNUM)**	$	**(LINE 9)**
10. TOTAL TAX PENALTY & INTEREST **(SUM OF LINES 7, 8, 9 & 10)**	$	**(LINE 10)**

NOTE: TO AVOID PENALTY, THIS RETURN MUST BE FILED ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE LAST DAY OF THE CALENDAR MONTH FOR WHICH THE RETURN IS DUE.

BY SIGNING THIS RETURN, I HEREBY DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE: _____ **DATE:**_____

MAKE CHECK PAYABLE TO: **CITY TREASURER, STAUNTON, VA**

REMIT TO:
MAGGIE RAGON
COMMISSIONER OF THE REVENUE
P.O. BOX 4
STAUNTON, VIRGINIA 24402-0004

Please make a copy for your records and return this copy with payment.