TOWN OF FLOYD
138 WILSON STREET
FLOYD, VA 24091
540-745-2565
540-745-6073 - fax

MEALS TAX FORM

DUE 20TH OF EACH MONTH

REPORT FOR THE MONTH OF _____ , 20_____

BUSINESS NAME _____

Principal Owner or Agent: _____

Federal Tax ID Number: _____Telephone #_____

LOCATION _____Email:_____

MAILING
ADDRESS _____
PO BOX/STREET CITY STATE ZIP CODE

1. GROSS MEALS RECEIPTS (do not include any tax receipts) **$**_____

2. ALLOWABLE DEDUCTIONS:

A. Meals to employees when no charge is made to employee $ _____
B. Meals paid for by Federal, State or Local Governments $ _____
C. Meals exempted under VA Retail Sales & Use Tax Act $ _____
D. Other (Please specify)_____ $ _____
E. TOTAL DEDUCTIONS **$** _____

3. Line 1 less line 2E (Taxable Receipts) $ _____

4. Meals Tax (5% of line 3) $ _____

5. Less Discount (10% of line 4 if paid by the 20th of month) $ _____

6. Unpaid Balance from Previous Months $ _____

7. TOTAL MEALS TAX DUE **$** _____

8. 10% Penalty for late payment (10% of Line 7) $ _____

9. 10% Interest per Annum (10% of sum of lines 7 & 8 ÷ 12 X # of months late) $ _____

Report and payment due on or before the 20th day of the month following the month during which the tax was collected. Checks or money orders should be made payable to **Town of Floyd,** and mailed to 138 Wilson Street, Floyd, VA 24091.

IF PAID AFTER DUE DATE, A PENALTY OF 10% OF THE TAX AND INTEREST AT THE RATE OF 10% PER ANNUM WILL BE COMPUTED UPON THE TAX AND PENALTY FROM THE DATE SUCH WERE DUE AND PAYABLE.

I hereby certify, under penalty of perjury, that I have examined the contents and information contained in this report and that it is true, correct and complete based on my personal knowledge and belief.

_____ _____
DATE SIGNATURE

FOR TOWN USE ONLY DATE RECEIVED _____BY_____