

DATE RECEIVED: _____

CLOSING DATE: _____

CORPORATION TOWN OF FLOYD

138 WILSON STREET
FLOYD, VA 24091
(540) 745-2565
(540) 745-6073

FINAL GROSS RECEIPTS REPORT

FORM A

DUE DATE: 30 days from the close of business

BUSINESS NAME: _____

Principal Owner or Agent: _____

Federal Tax I.D. No.: _____ CLOSING DATE: _____

MAILING ADDRESS: _____ EMAIL ADDRESS: _____

STREET ADDRESS: _____ PHONE #: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

NATURE OR TYPE OF BUSINESS: (Check all that apply and list your gross receipts for last year.)	
_____ Contracting:	\$ _____
_____ Retail Sales:	\$ _____
_____ Financial, Real Estate or Professional:	\$ _____
_____ Repair, Personal, Business and Other Services, Other Businesses:	\$ _____
_____ Wholesale Sales:	\$ _____

CALCULATION OF TAX

Contracting (Rate 10 cents/\$100.00 of gross receipts):

\$ _____ - \$30,000.00 divided by 100 x .10 = \$ _____
(Your Gross Receipts) (Your Exemption) (Your Tax)

Retail Sales (Rate 12 cents/\$100.00 of gross receipts):

\$ _____ - \$25,000.00 divided by 100 x .12 = \$ _____
(Your Gross Receipts) (Your Exemption) (Your Tax)

Financial, Real Estate, Professional (Rate 23 cents/\$100.00 of gross receipts):

\$ _____ - \$13,000.00 divided by 100 x .23 = \$ _____
(Your Gross Receipts) (Your Exemption) (Your Tax)

Repair, Personal, Business and Other Services, Other Businesses (Rate 23 cents/\$100.00 of gross receipts):

\$ _____ - \$13,000.00 divided by 100 x .23 = \$ _____
(Your Gross Receipts) (Your Exemption) (Your Tax)

Wholesale Sales (Rate 5 cents/\$100.00 of gross sales):

\$ _____ - \$25,000.00 divided by 100 x .05 = \$ _____
(Your Gross Receipts) (Your Exemption) (Your Tax)

Penalty (if applicable) \$ _____
10% on amount due or minimum of \$10.00, if paid after 30 days
Interest (if applicable) \$ _____
10% per annum on delinquent payments, if paid after 60 days
TOTAL DUE: \$ _____

I hereby make oath that the above constitutes the gross receipts for the named categories of business for the year next proceeding.

DATE: _____

SIGNATURE: _____