

**TOWN OF SCOTTSVILLE
401 VALLEY STREET
SCOTTSVILLE, VIRGINIA 24590
(434) 286-9267**

MEALS TAX REPORT

Name: _____ Trade Name: _____

Mailing Address: _____ Month Reporting: _____

Street Address: _____ Phone: _____

City, State, Zip: _____

1. Gross sales \$ _____
(This includes tips and service charges added to the price of a meal by the seller and required to be paid by the purchaser, but does not include State Sales Tax.)
2. Tax (6.5% of item 1) \$ _____
3. Allowable deduction \$ _____
3% of tax due (not to exceed \$100)
(May be taken **ONLY** if paid by Due Date of the 20th)
4. Subtotal \$ _____
(Item 2 less item 3)
5. Penalty for late payment \$ _____
(10% of tax, item 2, for the first month taxes are past due, and 5% for each month thereafter, up to a maximum of 25%)
6. Total tax and penalty \$ _____
(Item 4 plus item 5)

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

Signature: _____ Title: _____

Check should be made payable to Town of Scottsville and accompany this report.