

**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 <u>added to the price of a meal by the seller</u> and required to be paid by the purchaser, but does not include State Sales Tax.) | \$ _____ |
| 2. | Tax (4% 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.