



**Town of Gordonsville
Treasurer's Office**

112 South Main Street, P.O. Box 276
Gordonsville, VA 22942
Phone: (540) 832-2233 / Fax: (540) 832-2449
www.townofgordonsville.org

MEALS TAX MONTHLY RETURN

MONTH OF _____ 20 ____

(Due by 20th of following month)

EIN/Tax ID# _____ DATE _____

Business Name _____

Business Address _____

Mailing Address (if different) _____

Contact Name: _____ Email: _____

Business Phone: _____ Cell: _____

- 1. **Meals Receipts Subject to Tax** \$ _____
- 2. **Tax – 6.24% (.0624) of #1** \$ _____
- 3. **Discount - 5% (.05) of #2** \$ _____
(Retained by business if tax paid by 20th of month)
- 4. **TAX DUE** (Line #3 from Line #2) \$ _____
- 5. **PENALTY** (\$10 or 10% of tax due per month or fraction thereof that **REPORT** is delinquent not to exceed 50%, whichever is greater.) \$ _____
- 6. **PENALTY** (\$10 or 10% of tax due per month or fraction thereof that **PAYMENT** is delinquent not to exceed 50%, whichever is greater.) \$ _____
- 7. **INTEREST** (10.0% APR of tax due per month or fraction thereof that report and/or payment is delinquent) \$ _____
- 8. **TOTAL DUE** (Add lines 4, 5, and 6) \$ _____

This return must be filed by the **20th day of the month following the month for which the tax is due** to avoid penalty and interest. Make checks payable to "**TOWN OF GORDONSVILLE** and return to:

P.O. Box 276, Gordonsville, Virginia 22942

For additional information, assistance, or clarifications, call the Treasurer's Office at (540) 832-2233. If payment is not received by the 21st, collection procedures, which may include but are not limited to, bank liens, and collecting of cash registers may occur.

I certify that the figures shown on this form are in accordance with the Meals Tax Ordinance Sec. 9.202-206.

Signature of Authorized Business Official

Date

*****FOR OFFICE USE ONLY*****

Date Received by Treasurer _____ Remittance Reconciles YES NO (If no, return to business)

Remittance Posted/Filed YES NO By: _____ Date _____