



# Town of Port Royal

Established 1744

*“Behold Us Rising”*

804-742-5331

## Meals Tax Payment and Reporting Form

Business Name: \_\_\_\_\_

Gross receipts for the month of _____ 20_____	\$ _____
1. LESS allowable deductions (attach list).....	\$ _____
2. Balance taxable (LINE 1 MINUS LINE 2).....	\$ _____
3. 4% TAX (LINE 3 X .04) .....	\$ _____
4. LESS 3 % Sellers Discount (Line 4 X .03)..... (ONLY when return is filed by 20 <sup>th</sup> day of each month for prior month.)	\$ _____
5. BALANCE DUE (LINE 4 MINUS LINE 5).....	\$ _____
6. *PENALTY FOR LATE PAYMENT .....	\$ _____

**\*Calculations for late payments:**

Penalty for Late Payment made after the 20<sup>th</sup> of the month (Line 4 X .10) BUT LESS than 30 days past due.

OR

Penalty for Late Payment more than thirty days past due (Line 4 X .20) BUT LESS than sixty days past due.

OR

Penalty for Late Payment MORE than sixty days past due (Line 4 X .25)

A MINIMUM LATE PAYMENT PENALTY OF \$2.00 IS REQUIRED ON ALL LATE PAYMENTS.

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**TOTAL TAX AND PENALTIES DUE AND PAID HEREWITH** \$ \_\_\_\_\_

**Declaration of Seller:**

I hereby swear or affirm that the amounts listed above are true, correct and complete to the best of my knowledge and belief for the period stated above.

Date: \_\_\_\_\_ Signed By \_\_\_\_\_

Phone: \_\_\_\_\_ Title: \_\_\_\_\_

**MAKE CHECK PAYABLE TO:** Town of Port Royal Post Office Box 29 Port Royal, VA 22535  
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**For Office Use:**

Date Received: \_\_\_\_\_ Check # \_\_\_\_\_ Signature: \_\_\_\_\_

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