

MEALS TAX RETURN

| | | FOR OFFICE U | SE ONLY: | | 7 | |
|---|---|--|--|--|---|---|
| | | Bill #: | Revenue Clerk: | (initial/date) | | |
| Account N | Number: | | | | | |
| Trade Naı | me (DBA): | | | | | |
| Business 1 | Mailing Address: | | | | | |
| Owner Na | ıme: | | Email Address (I | Required): | | |
| Reportir | ng Period: | (Mo | onth) | (Year) | | |
| Steps: | Details: | | | | | Amounts: |
| 1 | Total Meals Receipts: (All sales including non-taxable and/or tax-exempt sales) | | | | | \$ |
| 2 | Non-Taxable Receipts: (Attach explanation for non-taxable or tax-exempt receipts) | | | | | \$ |
| 3 | Total Taxable Receipts: (Line 1 minus Line 2) | | | | | \$ |
| 4 | Tax Rate: | | | | | 3.75% |
| 5 | Tax Due: (Line 3 multiplied by Line 4) | | | | | \$ |
| 6 | Less: Collection Commission for On-Time Payment Only (Line 5 multiplied by 6.0%. If filed/paid late, input \$0 on this line.) | | | | | \$ |
| 7 | Net Tax Due: (Line 5 minus Line 6) | | | | | \$ |
| 8 | Late Payment Penalty: (if applicable, 10% penalty on amount on Line 7) | | | | | \$ |
| 9 | Interest: (if applicable, multiply line 7 by 0.0083 and number of months late not including the month current taxes were due. for example: July's Meals Tax is due August, it was not submitted till October. You would multiply Net tax due * .0083 * 2) | | | | | \$ |
| 10 | Total Remittance Due (Sum of Lines 7, 8, and 9) | | | | | \$ |
| Checks sho of 10% of the Herndon, submitted assistance, | ould be made payable the tax due and shall at , Revenue Division d first to revenue@he please call (703) 787-signed declares that the | to the Town of H ssessed interest or , 777 Lynn Stree erndon-va.gov so 7358 or email us. | Herndon. Payments received from per annum on all delinet, Herndon, VA 20170-2 we can process the meals taken | e month following the month ed after the Twentieth day on quent meals tax. Please rem 1602 . You may also pay onling form and verify taxes due. It eport are true, complete, and | of the month sh it all payments he via e-check, f f you require ac | all incur a penalty to Town of forms must be lditional |
| Sign: | | | Print Nam | ne: | | |
| Date: | | | Phone Nu | mber: | | |