



TOWN OF CULPEPER

ClerksOffice@culpeperva.gov

(540) 829-8240

Due on or before the 20th of each month following month for which report is made.

Business Name: _____ **Federal ID No.:** _____

Owner Name: _____ **Customer No.:** _____

MONTHLY REMITTANCE OF MEALS TAX

1.	Gross receipts for the month of _____, 20_____	\$ _____
2.	LESS allowable deductions (<i>attach required list</i>)	\$ _____
3.	Balance taxable . . . (<i>line 1 – line 2</i>)	\$ _____
4.	6% tax on item 3 (.06 x line 3)	\$ _____
5.	LESS 3% discount on item 4 (.03 x line 4 <i>if paid by 20th of month due</i>)	\$ _____
6.	Balance—total tax less sellers discount	\$ _____
7.	Penalty for late payment—10% of item 4 (.10 x line 4)	\$ _____
8.	Total tax and late payment penalty (<i>line 6 + line 7</i>)	\$ _____
9.	10% per annum interest on tax and penalty (<i>Line 8 x .10 ÷ 365 x number of days late</i>)	\$ _____
10.	TOTAL TAX, PENALTY AND INTEREST	\$ _____

Please remit the amount shown on Line 10 to: **Town of Culpeper**
400 South Main Street, Suite 105
Culpeper, VA 22701

IF PAID AFTER THE DUE DATE A PENALTY OF 10% OF THE TAX AND INTEREST AT THE RATE OF 10% PER ANNUM WILL BE COMPUTED AND DUE AND PAYABLE IN ACCORDANCE WITH SECTIONS 23-70 AND 23-72 OF THE TOWN CODE.

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 _____ Signature _____

PRINT NAME _____

Phone No. _____ Title _____

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Office use only:

Date: _____ Postmark Date: _____ Initial: _____

Bill No.: _____