



Town of Strasburg

174 E. King Street, P.O. Box 351
Strasburg, Virginia 22657
(540) 465-9197
Fax (540) 465-3252

MEALS TAX REPORT

NAME _____ FOR MONTH OF _____

TRADING AS _____ SALES TAX ID# _____

ADDRESS _____ PHONE _____

PLEASE MARK HERE IF THIS IS THE FINAL RETURN

REPORT AND PAYMENT ARE **DUE ON THE 15TH OF EACH MONTH**. ANY PAYMENT RECEIVED AFTER THE DUE DATE WILL BE SUBJECT TO PENALTY AND INTEREST.

(1) TOTAL GROSS SALES OF TAXABLE FOOD & BEVERAGES \$ _____

(2) 6% TAX ON LINE (1) ABOVE (If paid on time omit lines 3 & 4) ... \$ _____

(3) PENALTY FOR LATE FILING AND PAYMENT OF LINE 2 \$ _____

- o 10% of the tax due, if payment is made within one month of the due date;
- o 15% of the tax due, if payment is made more than one month after the due date but not more than two months afterward
- o 20% of the tax due, if payment is made more than two months after the due date, but not more than three months afterward;
- o 25% of the tax due, if payment is made more than three months after the due date.

(4) INTEREST (accrues at the annual rate of 10% beginning the day after the due date) . \$ _____

(5) TOTAL TAX, PENALTY AND INTEREST.....\$ _____

Acknowledgment of Liability. I hereby certify I am the Owner/Partner/Corporate Officer or person designated to collect the Meals Tax for the business identified above. Pursuant to Virginia Code 58.1-3833, all food and beverage tax collections and all meals tax collection shall be deemed to be held in trust for the county, city or town imposing the applicable tax. The wrongful and fraudulent use of such collections other than remittance of the same as provided as provided by laws shall constitute embezzlement pursuant to Virginia Code 18.2-111.

I specifically acknowledge and understand that the failure to file a Meals Tax return or to pay Meals Taxes as required under the Code of Virginia and the Code of the Town of Strasburg, may constitute embezzlement, a felony (if greater than \$200.00), a criminal misdemeanor under the Town Code, or a combination.

Printed Name _____ Signature _____

Title _____ Date _____

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