

53 East Colonial Highway
 Hamilton, VA 20158-9010
 or
 PO Box 130
 Hamilton, VA 20159-0130



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 Office Hours: 8:00am - 4:30pm

Meals Tax Monthly Remittance

Town of Hamilton

INSTRUCTIONS

- Complete Sections A, B & C
- Make check payable to: Town of Hamilton and include this remittance form.
- File on or before the 20th day of the month following the month being reported (postmark accepted.)
- This form must be filed even if no tax is due.

A Owner & Business Information

Owner's Name		Phone	
Mailing Address: PO Box/Street	City	State	Zip+4
Trade Name		Phone	
Physical Address: Street	City	State	Zip+4
Hamilton Meals Tax Account #			

B Calculating Tax

1	Total Prepared Food Gross Receipts for the Month/Year of _____ / _____	1. \$
2	Less Allowable Exemptions (Attach List of Items) If Zero, enter "0"	2. <\$ >
3	Taxable Gross Receipts (Subtract Line 2 From Line 1)	3. \$
4	Meals Tax - 4% of Gross (Multiply line 3 by .04)	4. \$
5	Less 5% Sellers Discount (only when paid on time Multiply Line 4 by .05)	5. <\$ >
6	Total Tax Due (Subtract Line 5 from Line 4. If ≤\$0.50, enter \$0)	6. \$
Penalty & Interest if Filed after 20th of the Month		
7	Penalty (Enter the greater of \$10 or Line 4 multiplied by .10 If this amount is greater than Line 4, enter the amount on Line 4)	7. \$
8	Total Tax and Penalty (Add Line 4 and Line 7)	8. \$
9	Interest @10% per year (Multiply line 8 by .0083 by the number of months late. Start month 1 on the first day late)	9. \$
10	Total Due (Tax plus Penalty/Interest if applicable (Add Line 6 and Line 9)	10. \$

C Declaration of Seller

I declare that the reported statement and figures are true, full, and correct to the best of my knowledge and belief.

Signature of Owner or Agent	Date	Printed Name/Title
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For Office Use Only

Date Received	Amount \$	CK#
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