

**HALIFAX COUNTY
COMMISSIONER OF THE REVENUE
P O BOX 1847
HALIFAX, VA 24558**

VIRGINIA SALES TAX REGISTRATION NO.

MONTH ENDED

Name _____

CHECK WHETHER APPLICANT IS:

INDIVIDUAL
 PARTNERSHIP
 CORPORATION

TRADE NAME _____

P.O. BOX OR MAILING _____

DEFINITE LOCATION OF BUSINESS

CITY _____ STATE _____ ZIP CODE _____

MEALS TAX

1. GROSS RECEIPTS (MONTH)	\$ _____
2. ALLOWABLE DEDUCTIONS:	
A. Meals to employees when no charge is made to employee	\$ _____
B. Meals furnished by hospitals or nursing homes to patients but not to employees	\$ _____
C. Other (describe) _____	\$ _____
D. TOTAL DEDUCTIONS	\$ _____
3. TAXABLE RECEIPTS (Subtract Item 2D from Item 1)	\$ _____
4. TAX - 6% (Multiply Item 3 by .06)	\$ _____
5. SELLER'S DISCOUNT - 3% : Allowable only when return and payment is filed on time. (Multiply Item 4 by .03)	\$ _____
6. TOTAL TAX (Subtract Item 5 from Item 4)	\$ _____
7. PENALTY FOR LATE PAYMENT (Multiply Item 4 by .10)	\$ _____
8. INTEREST (10% per annum)	\$ _____
9. TOTAL TAX, PENALTY & INTEREST DUE (Add Items 6, 7 and 8)	\$ _____

- A. Using figure in Item 9, make check, payable to: TREASURER OF HALIFAX COUNTY
- B. Check must accompany this report.
- C. Retain a copy for your files and return the completed form with check attached to:

**Commissioner of The Revenue
P O Box 1847
Halifax, VA 24558**

TO AVOID PENALTY AND INTEREST CHARGES, SAID TAX MUST BE SUBMITTED BY THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH OF COLLECTION. THIS TAX IS DUE MONTHLY.

I declare that this report has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return.

SIGNATURE OF APPLICANT _____

APPROVED THIS _____ DAY OF

20 _____

DATE TREASURER RECEIVED PAYMENT _____

SIGNATURE OF TREASURER _____

SIGNATURE OF COMMISSIONER OR HIS/HER DEPUTY _____