

CITY OF HARRISONBURG VIRGINIA

409 S. Main Street
Harrisonburg, VA 22801

MONTHLY PREPARED FOOD & BEVERAGE TAX

COMMISSIONER'S COPY

CHECK IF FINAL RETURN [ ]

Owner/Entity Name:
Trading As:
Physical Address:
City: Zip:
Your Check No.:
For the Month of:
Tax Year:
Account No.:
Contact Person's Name:
Contact Person's Title:
Contact Person's Phone:
Contact Person's Email:

MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE SALES!

Table with 7 rows for tax calculations: (1) TOTAL GROSS SALES, (2) LESS: NON-APPLICABLE SALES, (3) AMOUNT ON WHICH THE TAX MUST BE CALCULATED, (4) 7.0% TAX ON THE NET FOOD AND BEVERAGE SALES RECEIPTS, (5) PENALTY FOR LATE FILING AND PAYMENT, (6) INTEREST, (7) TOTAL TAX, PENALTY AND INTEREST.

-----NOTICE-----
Report and payment due on the 20th day of the month following the month the tax was collected.
- OR -
The next business day if the due date falls on a Saturday, Sunday or Legal Holiday.

\* YOUR RETURN WILL BE CONSIDERED TIMELY IF IT IS POSTMARKED ON THE DUE DATE -OR- PLACED IN THE CITY "DROP BOX" BEFORE 11:59 PM , ON THE DUE DATE! \*

..... IMPORTANT LEGAL NOTICE .....

By signing this return you attest that you are an authorized agent for the named legal entity above and that you examined this return and believe it to be true, correct and complete.

Authorized Signature, Print Preparer's Name, Telephone No. of Preparer, Date

Preparer's Email:

Office Use Only
DATE REC'D, Amt. Due: \$, Amt. Rec'd, Over/Short:

MAIL ENTIRE FORM WITH CHECK OR MONEY ORDER TO:

Commissioner of the Revenue
409 S. Main Street
Harrisonburg, VA 22801

MAKE CHECK PAYABLE TO: Treasurer, City of Harrisonburg
KEEP A COPY FOR YOUR RECORDS