



City of Harrisonburg, Virginia
MONTHLY PREPARED
FOOD & BEVERAGE TAX

CHECK HERE,
IF FINAL RETURN

Please ensure that all information is provided!

REPORT AND PAYMENT DUE 20TH DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX WAS COLLECTED
OR THE NEXT BUSINESS DAY IF THE DAY FALLS ON A SATURDAY, SUNDAY OF LEGAL HOLIDAY. *
MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE COLLECTIONS!

Account Number (Business License Number)
Collection for Month/Year
Owner/Entity Name: DBA:
Physical Address:
Contact Name: Contact Phone:
Contact Person's Title: Contact Person's Email:

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.

*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.

**The penalty shall not exceed the amount of the tax on Line 4.

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.

Print Preparer's Name, Title, Email Address of Preparer, Preparer's Signature, Date, Telephone Number of Preparer

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

FOR OFFICE USE ONLY

Date Received: Check #, Bill #, Amount Paid: \$