



**MEALS TAX - Tax Year \_\_\_\_\_**  
 PLEASE RETURN COMPLETED REPORT WITH PAYMENT TO:  
 Commissioner of the Revenue  
 P.O. Box 2964  
 Charlottesville, VA 22902-2964

_____	LICENSE NUMBER _____
_____	MONTH ENDED _____
_____	LEGAL NAME _____
_____	TRADE NAME _____
_____	LOCATION ADDRESS _____
	_____

1. GROSS RECEIPTS (month) _____	\$ _____
2. ALLOWABLE DEDUCTIONS	
a. Meals to employees, when no charge is made to employee \$ _____	
b. Meals paid for by federal, state, or local governments \$ _____	
c. Meals or food sold from coin operated vending machines \$ _____	
d. Other (please state) _____ \$ _____	
_____	
e. Total Deductions (sum of items a, b, c and d).....	\$ _____
3. LINE 1 LESS LINE 2 E.....	\$ _____
4. TAX (6.5% OF LINE 3). <u>Starting 7/1/22</u> .....	\$ _____
5. SELLER'S DISCOUNT (3% OF LINE 4).....	\$ _____
allowable ONLY when return and payments are filed on time	
6. TOTAL TAX LESS SELLER'S DISCOUNT (LINE 4 LESS LINE 5).....	\$ _____
7. PENALTY FOR LATE PAYMENT (5% OF TAX, LINE 4, OR MINIMUM OF \$2.00)..	\$ _____
8. INTEREST (10%).....	\$ _____
9. TOTAL (SUM OF LINES 6, 7, AND 8).....	\$ _____

**TO AVOID PENALTY AND INTEREST, REPORT WITH PAYMENT MUST BE FILED ON OR BEFORE THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE TAX MONTH.**

MAKE CHECK PAYABLE TO: CITY TREASURER, CHARLOTTESVILLE, VIRGINIA

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		CK AMT		CK#	
PROCESSOR		LRD		PD	