



# SPOTSYLVANIA COUNTY

## Meals Tax Monthly Remittance

Commissioner of Revenue  
9104 Courthouse Rd  
PO Box 175  
Spotsylvania VA 22553-0175  
Phone: (540) 507-7051  
Fax: (540) 582-7190

email: [cor@spotsylvania.va.us](mailto:cor@spotsylvania.va.us)

Account # \_\_\_\_\_

### INSTRUCTIONS

- Enter Meals Tax account number above and complete Sections 1, 2 & 3 below.
- File **and** pay on or before the 20<sup>th</sup> day of the month following the month being reported.  
**In person** – Deliver to our office by 4:30 pm (EST) on the 20<sup>th</sup> of the month.  
**By mail** - Postmark on or before the 20<sup>th</sup> of the month.
- Make check payable to: **Treasurer, Spotsylvania County**
- Mail to: **Attn: Meals Tax Division, Commissioner of Revenue, PO Box 175, Spotsylvania VA 22553-0175**

### 1. Owner & Business Information

Owner (if sole proprietor) or Corporation/LLC Name (if registered with State Corp Commission)		Phone:	
Mailing Address: Block / Street Name	City:	State:	Zip:
Trade Name:		Phone:	
Physical Address: Block / Street Name (No PO Boxes)	City:	State:	Zip:
Social Security #	Federal ID:	Email Address:	

### 2. Calculating Tax - USE THIS FORM FOR MONTHLY FILINGS BEGINNING JULY 2021.

A.	Total Gross Receipts for the Month of _____	Year _____	\$ _____
B.	Must have a List of Items attached for Allowable Deductions entered to the right. (If Zero, enter -0-)		\$ -
C.	Taxable Gross Receipts	Subtract Line B from Line A	\$ _____
D.	Calculate Tax - 4.5% Tax of Gross from Line C (Effective 7/1/2021)	Multiply Line C by 4.5%	\$ _____
E.	3% Sellers Discount – Only when filed and paid on time	Multiply Line D by 3%	\$ -
F.	Total Tax Less Sellers Discount	Subtract Line E from Line D	\$ _____
G.	Penalty Information	1 to 30 days late	Multiply Line F by 10%
		31 to 60 days late	Multiply Line F by 15%
		61 to 90 days late	Multiply Line F by 20%
		Over 90 days	Multiply Line F by 25%
H.	Total Due (Tax plus Penalty & Interest if applicable.) (Interest may accrue at a rate of 10% per year.)	Add Line F and Line G	\$ _____

### 3. Declaration Of Seller

I declare that the foregoing statement and figures are true, complete, and correct to the best of my knowledge.

\_\_\_\_\_

*Signature of Owner or Agent*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Printed Name / Title*

\_\_\_\_\_

*Phone*

(online form - rev 5/27/21)

For Official Use Only

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ by \_\_\_\_\_ Check # \_\_\_\_\_