



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

Account # _____

INSTRUCTIONS

- **Enter Meals Tax account number above and complete Sections 1, 2 & 3 below.**
- **File and pay on or before the 20th day of the month following the month being reported.**
In person – Deliver to our office by 4:30 pm (EST) on the 20th of the month.
By mail - Postmark on or before the 20th 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

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% Tax of Gross from Line C	Multiply Line C by 4%	\$ _____
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 12/17/19)

For Official Use Only

Date ____ / ____ / ____ by _____ Check # _____