

TOWN OF ST. PAUL, VIRGINIA

OFFICE OF THE TREASURER

TOWN HALL

ST. PAUL, VIRGINIA

PURCHASED MEALS TAX AND RETURN

COMPANY NAME: _____

RECEIPTS FOR THE MONTH OF: _____

1. GROSS MEALS RECEIPTS: _____
2. FIVE (5%) PERCENT TAX ON ABOVE: _____
3. THREE (3%) PERCENT DISCOUNT (I.E. 3% OF LINE 2 IF THE AMOUNT DUE IS NOT DELINQUENT AT TIME OF PAYMENT): _____
4. TOTAL TAX DUE: _____
5. PENALTY (5% OF TAX DUE FOR THE FIRST MONTH IF DELINQUENT WITH AN ADDITIONAL 5% FOR EACH ADDITIONAL THIRTH (30) DAYS OR FRACTION THEREOF DURING WHICH THE FAILURE TO PAY THE TAX CONTINUES, NOT TO EXCEED TWENTY-FIVE (25%) IN AGGREGATE. IN NO CASE SHALL THE PENALTY BE LESS THAN \$10.00, AND SUCH MINIMUM PENALTY SHALL APPLY WHETHER OR NOT ANY TAX IS DUE FOR WHICH SUCH REPORT IS REQUIRED.):

6. INTEREST (TEN (10%) PER ANNUM): _____

THIS RETURN MUST BE FILED BY THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THE TAX IS DUE TO AVOID PENALTY AND INTEREST. MAKE ALL REMITTANCE PAYABLE TO:

TREASURER, TOWN OF ST. PAUL

P. O. BOX 66

ST. PAUL, VIRGINIA 24283

I CERTIFY THAT THE FIGURES SHOWN ON THIS FORM ARE IN ACCORDANCE WITH THE PURCHASED MEALS TAX ORDINANCE AND THE ORDINANCE ON ENFORCEMENT OF THE SAME.

SIGNATURE

DATE