



2017 Meals Tax – Monthly Return

Name of Business: _____

If Applicable, dba: _____

Business Location: _____

1) Meals Tax Gross Receipts for the Month of _____ 2017 \$ _____

2) TOTAL DUE = 4% Meals Tax of Line 1 \$ _____
(Due the 20th of each Month for previous Months' collections)
(There is a \$5.00 minimum fee)

3) Tax Penalty if late = (.008333 x's # of Months late) \$ _____

4) TOTAL DUE IF PENALTY \$ _____

REMIT TO:

Town of Haymarket Treasurer
15000 Washington Street, # 100
Haymarket, VA 20169

DECLARATION OF TAX PAYER:

(Please provide all information requested below)

I HEREBY SWEAR OR AFFIRM THAT THE AMOUNTS LISTED ABOVE ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF FOR THE PERIOD STATED.

DATE: _____

PRINTED NAME: _____

TITLE: _____

SIGNATURE: _____

EMAIL: _____

PHONE #: _____