

# AMHERST COUNTY

Commissioner of the Revenue

Jane L Irby

P.O. Box 719

AMHERST, VA. 24521

(434) 946-9310

## FOOD AND BEVERAGE TAX

BUSINESS NAME: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

TRADING AS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

\_\_\_\_\_ FEDERAL ID NUMBER: \_\_\_\_\_

- |                                                                             |              |
|-----------------------------------------------------------------------------|--------------|
| 1. GROSS SALES OF FOOD AND BEVERAGES                                        | \$ _____     |
| 2. ALLOWABLE DEDUCTIONS AS DEFINED IN AMHERST COUNTY<br>CODE SECTION 14-129 | \$ ( _____ ) |
| 3. TAXABLE SALES (LINE 1 MINUS LINE 2)                                      | \$ _____     |
| 4. TAX DUE (6% OF LINE 3)                                                   | \$ _____     |
| 5. SELLERS DISCOUNT (3% OF LINE 4 IF REMITTED BY 20 <sup>TH</sup> )         | \$ ( _____ ) |
| 6. ADJUSTMENTS FROM PREVIOUS MONTH                                          | \$ _____     |
| 7. NET MEALS TAX DUE                                                        | \$ _____     |
| 8. 10% PENALTY FOR LATE PAYMENT                                             | \$ _____     |
| 9. 10% INTEREST PER YEAR                                                    | \$ _____     |
| 10. TOTAL MEALS TAX, PENALTY AND INTEREST DUE<br>(SUM OF LINES 7, 8 AND 9)  | \$ _____     |

REPORT AND PAYMENT DUE ON OR BEFORE THE 20<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE MONTH WHICH THE TAX WAS COLLECTED. CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO "TREASURER, AMHERST COUNTY" AND MAILED TO THE COMMISSIONER OF THE REVENUE AT THE ADDRESS LISTED ABOVE.

UNDER PENALTIES PROVIDED BY LAW, THE UNDERSIGNED CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND IS TAKEN FROM THE BOOKS AND RECORDS OF THE BUSINESS FOR WHICH THIS FORM IS FILED.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
COMM. OF REVENUE      DATE

\_\_\_\_\_  
TITLE      DATE

\_\_\_\_\_  
TREASURER      DATE

**PLEASE SIGN & RETURN COMPLETED TOP COPY TO INSURE PROPER CREDIT**