



Chief Financial Officer
TOWN OF HAYMARKET
15000 Washington Street, #100
Haymarket, VA 20169
(703)753-2600

**MONTHLY RETURN
MEALS TAX**

Due 20th of Month Following Month For Which Report Is Made

Business License Number # _____ - _____
VA Sales Tax Registration # _____
Name of Business _____
If Applicable d/b/a _____
Business Location _____
Haymarket, Virginia 20169

- 1. Gross Receipts for Month of _____ 2008 \$ _____
- 2. 4% Meals Tax of Line 1 \$ _____
- 3. 10% Penalty for Late Payment \$ _____
- 4. Total Tax and Late Payments \$ _____
- 5. 10% Interest -Tax and Penalty (.008333 x's # of Months Late) \$ _____
- 6. TOTAL TAX, PENALTY AND INTEREST \$ _____**

PLEASE REMIT THE AMOUNT SHOWN ON LINE 6 TO:

**TOWN OF HAYMARKET
15000 WASHINGTON ST
SUITE 100
HAYMARKET, VA 20169**

DECLARATION OF TAXPAYER

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 _____