



Town of Middletown
7875 Church Street
Middletown, Virginia 22645
(540) 869-2226 ♦ Fax (540) 869-4306
Gateway to Cedar Creek and Belle Grove National Historical Park

MEALS TAX RETURN

Name of Business: _____

Mailing Address: _____

Business Telephone: _____ Email: _____

RETURN FOR THE MONTH OF _____
(Month) (Year)

- | | |
|---|-------|
| 1. Total Gross Sales | _____ |
| 2. Total Deductions | _____ |
| 3. Amount on which tax is computed | _____ |
| 4. Tax
(5% of line 3) | _____ |
| 5. Penalty for late filing and payment
(10% of line 4, whichever is greater) | _____ |
| 6. Interest for late filing and payment
(12% per annum line 5) | _____ |
| 7. Total tax, penalty and interest due and payable | _____ |
| 8. Total due and payable | _____ |

I hereby declare that this meals tax return has been examined by me and to the best of my knowledge is a true, correct and complete return.

(Date)

(Printed Name)

(Signature)

NOTE: This return must be filed even when no sales were made during the period. If a change of ownership has occurred, the new owner must register with the Town and the prior owner must advise the Town Office when making a Final Return. The Return must be signed and accompanied by the correct amount of payment due. Checks should be made payable to **TOWN OF MIDDLETOWN**, and either mailed or hand delivered to 7875 Church Street, Middletown, Virginia 22645 not later than the 20th of the month following the month covered in the Return.