COMMISSIONER'S COPY

CITY OF HARRISONBURG VIRGINIA
Room 102, Municipal Building, (540) 432-7704
Harrisonburg, VA 22801

CHECK IF FINAL RETURN ☐

Your Check No.: _____

MONTHLY PREPARED FOOD & BEVERAGE TAX

Owner/Corp Name: _____ For Month of: _____

DBA: _____ Tax Year: _____

Physical Address: _____ Account No.: _____

City: Harrisonburg, VA Zip: _____ - _____

Contact Person's Name: _____ Contact Person's Phone: _____

Contact Person's Title: _____ Contact Person's Email: _____

MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE SALES!

(1)	**TOTAL GROSS SALES** (from all sources).....	$
(2)	Less, non-applicable sales.....	$
(3)	Amount on which the tax must be calculated (Prepared Food & Beverage sales).....	$ 0.00
(4)	**6.5% TAX ON LINE (3) ABOVE** (If timely return is filed and paid, omit Lines 5&6.....	$ 0.00
(5)	**PENALTY FOR LATE FILING AND PAYMENT** (10% OF Line (4)-Minimum $10.00).....	$
(6)	**INTEREST** –Total Amount of lines 4&5 Multiplied by 1% (1% per month after 30 days).....	$
(7)	**TOTAL TAX, PENALTY AND INTEREST**.....	$ 0.00

By signing this return you attest that you are an authorized agent for the named legal entity above and that you have examined this return and believe it to be true, correct and complete.

Authorized Signature _____ Print Name _____ Phone No. _____ Date _____

Preparer's Email:

MAIL ENTIRE PAGE WITH CHECK OR MONEY ORDER TO:

PRINT FORM

Commissioner of the Revenue
P.O. Box 20031
Harrisonburg, VA 22801

----------Office Use Only----------

AMT. REC'D _____

DATE REC'D _____

MAKE CHECK PAYABLE TO: Treasurer, City of Harrisonburg
KEEP A COPY FOR YOUR RECORDS

********** **RETURN COMPLETE FORM - DO NOT DETACH PAYMENT VOUCHER** **********