

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

COMMISSIONER'S COPY

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).....	\$ _____
(4) 6.5% TAX ON LINE (3) ABOVE (If timely return is filed and paid, omit Lines 5&6.....	\$ _____
(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	\$ _____

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

MAIL ENTIRE PAGE WITH CHECK OR MONEY ORDER TO:

Commissioner of the Revenue

P.O. Box 20031

Harrisonburg, VA 22801

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

AMT. REC'D _____

MAKE CHECK PAYABLE TO: Treasurer, City of Harrisonburg

DATE REC'D _____

KEEP A COPY FOR YOUR RECORDS

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

CHECK IF FINAL RETURN

PAYMENT VOUCHER

Check No. _____

City of Harrisonburg, Virginia

Food & Beverage Tax

Legal Entity Name: _____

DBA: _____

Address: _____

City & State: _____ **Zip:** _____

Contact's Phone: _____

Account No.: _____

Return Month: _____

Return Year: _____

Tax Due: _____

Penalty: _____

Interest: _____

Total Due: _____

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