



City of Harrisonburg, Virginia
MONTHLY PREPARED
FOOD & BEVERAGE TAX

CHECK HERE,
IF FINAL RETURN []

Please ensure that all information is provided!

REPORT AND PAYMENT DUE 20TH DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAX WAS
COLLECTED OR THE NEXT BUSINESS DAY IF THE DAY FALLS ON A SATURDAY, SUNDAY OR LEGAL HOLIDAY. *
MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE COLLECTIONS!

Business License Number _____ Collection for Month/Year _____
Owner/Entity Name: _____ DBA: _____
Physical Address: _____
Contact Name: _____ Contact Phone: (____) _____
Contact Person's Title: _____ Contact Person's Email: _____

Table with 2 columns: Description and Amount. Rows include: (1) TOTAL GROSS SALES, (2) LESS: NON-APPLICABLE SALES, (3) AMOUNT ON WHICH THE TAX MUST BE CALCULATED, (4) 7.0% TAX ON THE NET FOOD AND BEVERAGE SALES RECEIPTS, (5) PENALTY FOR LATE FILING AND PAYMENT, (6) INTEREST, (7) TOTAL TAX, PENALTY, AND INTEREST.

*YOUR RETURN WILL BE CONSIDERED TIMELY IF IT IS POSTMARKED ON THE DUE DATE -OR- PLACED IN THE CITY
"DROP BOX" BEFORE 11:59 PM ON THE DUE DATE.

**The penalty shall not exceed the amount of the tax on Line 4.

-----IMPORTANT LEGAL NOTICE-----

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

Print Preparer's Name _____

Preparer's Signature _____

Title _____

Date _____

Email Address of Preparer _____

Telephone Number of Preparer _____

MAIL ENTIRE FORM WITH CHECK OR MONEY ORDER TO:
Commissioner of the Revenue
409 S. Main Street
Harrisonburg, VA 22801

MAKE CHECK PAYABLE TO:
Treasurer, City of Harrisonburg

KEEP A COPY FOR YOUR RECORDS

FOR OFFICE USE ONLY

Date Received: _____
Check # _____

Bill # _____
Amount Paid: \$ _____