



**MONTHLY REMITTANCE TAX ON
PREPARED FOOD AND BEVERAGE**

**TOWN OF APPOMATTOX
P. O. BOX 705
APPOMATTOX, VA 24522
434-352-8268 PHONE**

Name of Business: _____

Address: _____

- | | |
|--|------------------|
| 1. Gross receipts for the month/year of _____ . | \$ _____ |
| 2. Tax on Meals at 8% of (1) | \$ _____ |
| 3. LESS 3% of tax (2) Collection fee | \$ _____ (_____) |
| 4. Total Tax Due (2) less (3) | \$ _____ |
| 5. Penalty (10%) | \$ _____ |
| 6. Interest to Date (10% per annum) | \$ _____ |
| 7. Total Tax, penalty, and interest due and paid | \$ _____ |

MAKE CHECK PAYABLE TO THE TOWN OF APPOMATTOX

DECLARATION OF SELLER:

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 above.

Date: _____

Signed By: _____

Phone No: _____

Title: _____

INSTRUCTIONS: Mail this form and remittance check made payable to the Town Of Appomattox on or before the 20th day of the month following the month being reported to:

Town of Appomattox
P. O. Box 705
Appomattox, VA 24522

For Office Use _____
Date Received in Office

Received By: _____

06/08