

TOWN OF BROADWAY

Telephone: 540-896-5152

Fax: 540-896-6460

MONTHLY REMITTANCE OF FOOD AND BEVERAGE TAX

TRADE NAME: _____
CORP NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
BUSINESS TELEPHONE NUMBER: _____

FEIN: _____

VA Sales Tax ID Number: _____

FOR MONTH OF _____ (Month) _____ (Year)

Check if this is a Final Return ()

A report is required even if you have no sales to report for the month. Failure to report is subject to a \$10 penalty.

REPORT DUE 20TH OF MONTH FOLLOWING THE CALENDAR MONTH FOR WHICH TAX IS COLLECTED

- 1. TOTAL GROSS SALES from all sources \$ _____
- 2. Less allowable deductions \$ _____
- 3. Balance Taxable \$ _____
- 4. 4% tax on item 3 \$ _____
- 5. Dealer Administration Discount (This discount may be taken only if the return and payment are submitted by the due date.)

A	B	C
<u>Balance Taxable (from line 3)</u>	<u>% Discount</u>	<u>Discount Amount</u>
\$ 0 to \$ 62,500	.03	_____
\$ 62,501 to \$ 208,000	.0225	_____
\$208,000 and up	.015	_____

Total (column C from above) (\$ _____)

6. TOTAL TAX, LESS DISCOUNT IF PAID BY DUE DATE (Line 4 less Line 5) \$ _____

PENALTY AND INTEREST FOR LATE PAYMENT (NO DISCOUNT IS ALLOWED)

- 7. Penalty for late filing (10% of line 4 or \$10 whichever is greater \$ _____
provided that the penalty shall not exceed the tax on line 4)
- 8. Interest (Refer to Daily Interest Chart) (10% per annum) \$ _____
- 9. TOTAL TAX, PENALTY AND INTEREST DUE (Lines 4 + 7 + 8) \$ _____
(Tax amount is from Line 4, no discount is allowed)

MAKE CHECK PAYABLE TO TOWN OF BROADWAY

DECLARATION OF SELLER:

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return for the period stated above.

(Authorized Signature)

(Title)

(Print Name)

(Contact Telephone Number)

(Date)

INSTRUCTIONS: Mail form with check payable for amount of tax due to Town of Broadway

On or before the 20th day of the month following the month being reported, to:

P.O. Box 156, Broadway, VA 22815

Keep a copy for your records.

For Office Use

Received by: _____

Date Received in Office