

TOWN OF BROADWAY
 PO Box 156, 116 Broadway Ave.
 Broadway, VA 22815
 (540) 896-5152

MEALS TAX REPORT

Name _____ For Month of: _____

Trading As: _____ Sales Tax I.D. # _____

Address: _____ FEIN _____

_____ **Report and pay amount due by 20th of the month following the calendar month for which Tax is being collected. 10% (or \$10) penalty will be added to late payments**

Phone # _____

- 1. TOTAL GROSS SALES OF TAXABLE FOOD & BEVERAGE.....\$ _____
- 2. LESS ALLOWABLE DEDUCTIONS (providing food for non-profits w/in Broadway.....\$ _____
- 3. BALANCE TAXABLE.....\$ _____
- 4. 5% TAX ON LINE (3).....\$ _____

DEALER ADMINISTRATION DISCOUNT (This discount may be taken only if the return and payment are received in the office by the due date. Envelope post-mark will not be taken into consideration.)

You will be billed: If the discount is taken and should not have been or payment is late.

Taxable Range If applicable	A Balance Taxable (from line 3)	B Multiply Discount Rate	C Discount Amount
\$ 0 to \$ 62,500		\$ 0.0003	
\$ 62,501 to \$ 208,000		\$ 0.000225	
\$ 208,001 and up		\$ 0.0015	

Total from Column C above.....\$ (_____)

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

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

- 6. 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)

- 7. TOATL TAX, PENALTY AND INTEREST DUE (Lines 4+6).....\$ _____

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

_____ Date

_____ Authorized Signature

DROP OFF or MAIL THIS REPORT ALONG WITH YOUR PAYMENT TO:

**Town of Broadway
 PO Box 156, 116 Broadway Ave.
 Broadway, VA 22815**

Paid by CASH Check # _____

Stamp Date Received in Office: