



County of Dinwiddie

Office of the Commissioner of the Revenue

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Lori K. Stevens
Commissioner of the Revenue

MONTHLY REPORT/REMITTANCE OF TAX ON MEALS

VIRGINIA SALES TAX REGISTRATION NUMBER: _____

FEDERAL IDENTIFICATION NUMBER: _____

BUSINESS TRADE NAME: _____

ADDRESS: _____

1 GROSS RECEIPTS FOR THE MONTH OF: _____

2 LESS ALLOWABLE DEDUCTIONS (ATTACH LIST)..... _____

3 BALANCE TAXABLE..... _____

4 4 % TAX ON AMOUNT FROM LINE # 3..... _____

5 LESS 3% SELLERS DISCOUNT OF ITEM # 4 (ONLY WHEN FILED ON TIME)..... _____

6 BALANCE - TOTAL TAX LESS SELLERS DISCOUNT..... _____

7 **PENALTY FOR LATE FILING (PLEASE NOTE EXPLANATION BELOW)..... _____

8 TOTAL - TAX AND PENALTY..... _____

9 TOTAL - TAX AND PENALTY DUE AND PAID HEREWITH..... _____

DECLARATION OF SELLER:

I HEARBY 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: _____

TELEPHONE: _____

TITLE: _____

INSTRUCTIONS: MAIL THIS FORM WITH CHECK PAYABLE TO TREASURER OF DINWIDDIE COUNTY, ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH BEING REPORTED TO:

OFFICE OF THE TREASURER
COUNTY OF DINWIDDIE
POST OFFICE BOX 178
DINWIDDIE VA 23841

**NOTE: 10% PENALTY TO BE ADDED FOR THE FIRST THIRTY DAYS THAT ACCOUNT IS POSTMARKED AFTER THE DUE DATE, AN ADDITIONAL 5% PENALTY TO BE ADDED FOR EACH ADDITIONAL 30 DAYS THAT ACCOUNT CONTINUES TO BE LATE; PENALTY NOT TO EXCEED 25%. MINIMUM PENALTY IS \$10.00