



COMMISSIONER OF THE REVENUE OFFICE  
Cathy Flinchum, Master Commissioner  
619 Second Street, Room 161  
Radford VA 24141  
Phone 540-731-3613  
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**MEALS TAX COMPUTATION**

BUSINESS NAMES \_\_\_\_\_ LOCATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY/STATE ZIP

FOR MONTH OF \_\_\_\_\_

- 1. GROSS MEALS RECEIPTS \$ \_\_\_\_\_
- 2. ALLOWABLE DEDUCTIONS:
  - A. Meals to Employees when no charge is made to Employee. \$ \_\_\_\_\_
  - B. Meals paid for by Federal, State or Local Governments. \$ \_\_\_\_\_
  - C. Meals or food sold from Coin operated vending machines. \$ \_\_\_\_\_
  - D. Other (please specify)  
\_\_\_\_\_ \$ \_\_\_\_\_
  - E. TOTAL DEDUCTIONS \$ \_\_\_\_\_
- 3. TAXABLE RECEIPTS (LINE 1 LESS LINE 2E) \$ \_\_\_\_\_
- 4. MEALS TAX (5.5% OF LINE 3) \$ \_\_\_\_\_
- 5. SELLER COLLECTION FEE DEDUCTION (2% OF LINE 4) IF PAID BY DUE DATE \$ \_\_\_\_\_
- 6. TOTAL MEALS TAX DUE \$ \_\_\_\_\_
- 7. 5% PENALTY FOR LATE PAYMENT-MINIMUM \$10.00 \$ \_\_\_\_\_
- 8. 10% INTEREST PER ANNUM \$ \_\_\_\_\_
- 9. TOTAL MEALS TAX, PENALTY & INTEREST DUE (LINES 6, 7 & 8) \$ \_\_\_\_\_
- 10. AMOUNT PAID \$ \_\_\_\_\_
- 11. BALANCE DUE \$ \_\_\_\_\_

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.

SIGNATURE AND TITLE \_\_\_\_\_ DATE \_\_\_\_\_

MEALS TAX FORM AND PAYMENT MUST BE FILED AND PAID BY THE 20<sup>TH</sup> OF THE MONTH FOLLOWING THE MONTH DURING WHICH TAX WAS COLLECTED. MAKE CHECK PAYABLE TO RADFORD CITY TREASURER.