Town of Blacksburg
Meals Tax Remittance
P O Box 90003
300 S Main St
Blacksburg, VA 24062-9003
(540) 961-1105
Email: mltax@blacksburg.gov

INSTRUCTIONS

- **Complete Sections A, B & C below**.
- **File on or before the 20th day of the month following the month being reported**. **In person** – Deliver to our office by 5:00 pm on the 20th of each month. **By mail** – postmark on or before the 20th of the month.
- Make check payable to **Town of Blacksburg**.
- **Mail to**: Town of Blacksburg, P O Box 90003, Blacksburg, VA 24062-9003.

A. Owner & Business Information

Owner's Name			Phone
Mailing Address: Block/ Street Name	City	State	Zip
Business / Trade Name			Phone
Physical Address: Block/ Street Name (no PO Boxes)	City	State	Zip
Social Security Number of Owner	Federal ID Number	Email Address	

B. Calculating Tax

1.	Total Gross Receipts for the Month of	Month	Year	$
2.	Less Allowable Deductions (***Attach List of Items***) If Zero, enter "0."			$
3.	Taxable Gross (Subtract Line 2 from Line 1)			$
4.	**6%** Tax of Gross from Line 3 (Multiply Line 3 by 6%)			$
5.	Less 3% Discount-Only when filed & paid on or before the 20th and/or no delinquency exists (Multiply Line 4 by 3%)			$
6.	Total Tax Less Discount (Subtract Line 5 from Line 4)			$
7.	Penalty (Multiply line 6 by 10%)			$
8.	Interest 10% per Annum			$
9.	Total Due (Remember to include Penalty and Interest from line 7 & 8 if paid late)			$

C. Declaration of Seller

I declare that the foregoing statement and figures are true, full and correct to best of knowledge and belief.

Signature of Owner or Agent _____ Date _____

Title _____ Phone _____