



COUNTY OF ROCKINGHAM
Office of Commissioner of the Revenue
Telephone: 540-564-3064
Fax: 540-564-1488

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
Balance Taxable (from line 3)	% Discount	Discount Amount
\$ 0 to \$ 62,500	.03	_____
\$ 62,501 to \$ 208,000	.0225	_____
\$208,001 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 ROCKINGHAM COUNTY TREASURER

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 original form with check payable for amount of tax due to Rockingham County Treasurer.

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

Commissioner of the Revenue, 20 E. Gay Street, Harrisonburg, VA 22802

On-line filing and payment is available at www.rockinghamcountyva.gov. Keep a copy for your records.

For Office Use

Received by:

 Date Received in Office

 Commissioner of the Revenue