



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.

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. 6% tax on item 3
5. Seller Administrative Fee
(If Paid and Returned on time, the Seller may Deduct 25% Of Line 4, up to a MAXIMUM of \$75.)

6. TOTAL TAX, LESS ADMINISTRATIVE FEE
IF PAID BY DUE DATE (Line 4 less Line 5)

PENALTY AND INTEREST FOR LATE PAYMENT (NO ADMINISTRATIVE FEE IS ALLOWED)

- 7. Penalty for late filing (10% of line 4 or \$10 whichever is greater)
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 Administrative Fee 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