

TOWN OF VICTORIA, VIRGINIA

PO Box 1421
Victoria, VA 23974

MEALS TAX QUARTERLY REPORT

VA Sales Tax Registration #: _____ Quarter Report: _____

Name: _____

Trade Name: _____

Address: _____

- 1. Gross Receipts (quarter): \$ _____ . _____
- 2. ALLOWABLE DEDUCTIONS
 - a. Meals to employees when no charge is made to employee: \$ _____ . _____
 - b. Meals furnished by hospitals or nursing homes to patient but not employee:
 - c. Meals furnished by a college: \$ _____ . _____
 - d. Other (explain): _____ \$ _____ . _____

 - e. TOTAL DEDUCTIONS: \$ _____ . _____
- 3. Item 1 minus Item 2(e): \$ _____ . _____
- 4. Tax (5 % of Item 3): \$ _____ . _____
- 5. Penalty for Late Payment (10% or \$10): \$ _____ . _____
- 6. Interest for Late Payment: \$ _____ . _____
- 7. Total Tax, Penalty, Interest (4,5 and 6): \$ _____ . _____

I DECLARE THAT THIS REPORT HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE AND CORRECT. A COPY OF ST-9 IS ALSO REQUIRED TO COMPLETE THIS RETURN.

Payments made after the 15th are subject to 10% penalty.

Signature: _____ Date: _____

This area below is reserved for town treasurer or designee use only:

- 1. Total Tax received: \$ _____ . _____
- a. Item 1 ÷ 10 X 3 = 1.5% for Park and Recreation: \$ _____ . _____
- b. Item 1-1(a) = 3.5% for General Fund: \$ _____ . _____

Non-Discrimination Statement: "The Town of Victoria is an equal opportunity provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."