

# Nelson County Virginia

Office of the Commissioner of the Revenue  
P.O. Box 246  
Lovingson, VA 22949  
(434) 263-7070

Virginia Sales Tax  
Registration No. \_\_\_\_\_  
Month Ended \_\_\_\_\_

Name \_\_\_\_\_

Trade Name \_\_\_\_\_

P.O. Box or Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## MEALS TAX

1. Receipts subject to tax..... \$ \_\_\_\_\_
2. Tax due (4% of line 1)..... \$ \_\_\_\_\_
3. Adjustment from previous month..... \$ \_\_\_\_\_
4. Net tax due..... \$ \_\_\_\_\_
5. Penalty for late payment (10% of line 4)..... \$ \_\_\_\_\_  
    first 30 days - minimum \$2
6. Additional 10% penalty..... \$ \_\_\_\_\_  
    over 30 days late
7. Interest 10% per annum..... \$ \_\_\_\_\_
8. **Total tax due**..... \$ \_\_\_\_\_

CHECK SHOULD BE MADE PAYABLE TO NELSON CO. TREASURER  
(Check must accompany this report)

**NOTE:** PLEASE RETURN FIRST AND SECOND COPIES, WITH CHECK ATTACHED, TO:

Commissioner of the Revenue, P. O. Box 246, Lovingson, VA 22949  
Retain third copy for your files.

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 \_\_\_\_\_ Date \_\_\_\_\_

**NOTE:** THIS RETURN MUST BE FILED BY THE 20TH DAY OF THE MONTH FOLLOWING THE CALENDAR MONTH FOR WHICH TAX IS DUE TO AVOID PENALTY AND INTEREST.