

NELSON COUNTY VIRGINIA

Office of the Commissioner of the Revenue
P.O. Box 246
Lovington, 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, Lovington, 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.