MEALS TAX REMITTANCE FORM

For the Month of:_____ Today's Date:_____

Dealer's Name: _____ State ID#: _____

Address: _____ Federal ID#: _____

ITEM:	AMOUNT:
1. Gross Sales	
2. Personal Use: price of meals for consumption purchased without payment of meals tax	
3. Line #1 + Line #2	
4. Minus amount of exempt sales	
5. Line #3 – Line #4 (This is the amount on which the tax must be computed.)	
6. Meals Tax (6% of Line #5 – Multiply Line #5 by .06)	
7. 3% Sellers Discount-Eligible ONLY if paid by due date (Multiply Line #6 by .03)	
8. Line #6 – Line #7	
9. Penalty (10% of Line #6) for late filing or $10 minimum	
10. Interest (Add Line #6 + Line #9, then multiply that amount by 0.008333* times the number of months delinquent.)	
11. Total tax, penalty, and interest (Line #6 + Line #9 + Line #10 = Total)	

I declare that this return, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true and complete return.

_____ _____

Signature Date

Telephone Number: _____ Prepared By: _____

*10% per annum