Town of White Stone

Meals Tax Remittance

Report for the Month of : _____ Year: _____

Name of Business:_____

Billing Address:_____

Telephone Number:_____

Email Address:_____

Location of Business_____

Gross Receipts for the Month:

_____

Less allowable deductions:

_____

Balance taxable:

_____

Tax (2.5%)

_____

Total tax due by the 20th (Make check payable to Town of White Stone)

Declaration of Seller:

I hereby swear to affirm the amount listed above are true and correct to the best of my knowledge and belief for the period stated above:

Sign Here:_____

Print name :_____Title_____