

TOWN OF MARION

**Town of Marion
MealsTax**
PO Box 1005
138 W Main Street, Marion, VA
(276) 783-4113
Email: marionva.org

INSTRUCTIONS

- Complete sections A, B & C below.
- File on or before the 20th day of the month following the month being reported. In person - Deliver to our office by 5:00 pm on the 20th of each month. Discount will not be applied if not paid by the 20th.
- Make check payable to: **Town of Marion.**
- Mail to: **Town of Marion, PO Box 1005, Marion, VA 24354.**

A. Owner & Business Information	
Owner's Name	Phone
Mailing Address:	
Business / Trade Name	Phone
Physical Address: Street Name (No PO Boxes)	
Federal ID #	Email Address

B. Calculating Tax		
1.	Total Gross Receipts for the Month of _____ Year	\$
2.	Less Allowable Deductions (Attach List of Items) If Zero, enter "0,"	\$
3.	Taxable Gross (Subtract Line 2 from Line 1)	\$
4.	7% Tax of Gross from Line 3 (Multiply Line 3 by 7%)	\$
5.	Less 3% Discount-Only when filed & paid on or before the 20 th (Multiply Line 4 by 3%)	\$
6.	Total Tax Less Discount (Subtract Line 5 from Line 4)	\$
7.	Penalty (Multiply line 6 by 10%)	\$
8.	Interest 10% per Annum	\$
9.	Total Due (Remember to include Penalty and Interest from line 7 & 8 if paid late)	\$

C. Declaration of Seller

I declare that the foregoing statement and figures are true, full and correct to best of knowledge and belief.

Signature of Owner or Agent

Date _____

Phone # _____