TOWN OF CLINTWOOD
P.O. BOX 456
CLINTWOOD, VIRGINIA 24228
276-926-8383

PAYMENT FORM FOR THE TOWN OF CLINTWOOD MEALS TAX

Business Name: _____
Remitter Name: _____

This payment is for the month of _____, 20_____

PART A:

Total receipts for food and or beverages as outlined in the Town of Clintwood Meals Ordinance: _____

Meals Tax (7% of Town of Clintwood food & beverage sales) X 7% _____

TOTAL MEALS TAX COLLECTED _____

PART B:

Total Meals Tax Collected (Part A): _____

Business Commission for Collecting the Meals Tax
(This is 3% of the Meals Tax Collected) **X 3%** _____

TOTAL BUSINESS COMMISSION FOR COLLECTION _____

PART C:

Total Meals Tax Collected (Part A): _____

Less-Total Business Commission (Part B): _____

TOTAL TAX PAYABLE TO THE TOWN OF CLINTWOOD _____

Please make checks payable to:

Town of Clintwood
P.O. Box 456
Clintwood, VA 24228

Payment is due by the 15th day of the following month.
Should you have any questions, please call 276-926-8383.

07/2023