



CITY OF RADFORD
COMMISSIONER OF THE REVENUE
Kelsey Marletta
619 Second Street, rm. 161
Radford, VA. 24141
(540)-731-3613

MEALS TAX COMPUTATION

*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 AND TITLE _____ DATE _____

BUSINESS NAME _____

MAILING ADDRESS _____
STREET CITY/STATE ZIP

FOR THE MONTH: _____

1. GROSS MEALS RECEIPTS \$ _____
2. ALLOWABLE DEDUCTIONS:
 - a. Meals to Employees when no charge is made to Employee. \$ _____
 - b. Meals paid for by Federal, State or Local Governments. \$ _____
 - c. Meals or food sold from coin operated vending machines. \$ _____
 - d. Other (please specify) \$ _____

 - e. Total Deductions \$ _____
3. TAXABLE RECEIPTS (Line 1 less Line 2e) \$ _____
4. MEALS TAX (6.5% OF Line 3) \$ _____
5. SELLER'S DISCOUNT (2% of Line 4)
Allowable **ONLY IF PAYMENT IS FILED ON TIME** \$ _____
6. TOTAL MEALS TAX DUE (Line 4 less Line 5) \$ _____
7. 5% PENALTY FOR LATE PAYMENT – MINIMUM \$10.00 \$ _____
8. 10% INTEREST PER ANNUM \$ _____
9. TOTAL MEALS TAX, PENALTY & INTEREST DUE (Lines 6,7 & 8) \$ _____
10. **TOTAL AMOUNT DUE** (CHECK PAYABLE TO RADFORD CITY TREASURER) \$ _____

MEALS TAX FORM AND PAYMENT MUST BE FILED AND PAID BY THE 20TH OF THE MONTH
FOLLOWING THE MONTH DURING WHICH TAX WAS COLLECTED.