Town of Mineral
312 Mineral Avenue, Mineral, VA 23117
Office 540-894-5100 Fax 540-894-4446

**Meals Tax Form **

Taxes Collected During Month of _____. 20 _____.

Payment Made on: _____, 20_____.

Business Name:_____

Address: _____

_____

City State Zip

Phone: _____

DUE 20TH OF EVERY MONTH

1. Meals Charges Subject to Tax .....$_____

2. Tax on Meals @ 6% of (1).....$_____

3. Less sellers discount 3% of Tax (Of Line 2) AVAILABLE WHEN PAID ON TIME...$_____

4. Total Tax Due Subtract (3) from (2).....$_____

5. Penalty (10% of tax due or $10.00) WHICHEVER IS GREATER.....$_____

6. Interest to date: (10% per annum if late).....$_____

7. Total Due:.....$_____

This return must be filed by the 20th day of the month following the month taxed, to avoid penalty and interest. Payment must be postmarked by the 20th to avoid penalty. Make checks payable to the Town of Mineral. For information call the Town Office at 540-894-5100. I certify that the figures shown on this form are correct and in accordance with the Transient Occupancy Tax Ordinance. I have examined this return and to the best of my knowledge, it is true, correct and complete.

_____ Date _____

Authorized Signature