

**TOWN OF ONANCOCK
COMMONWEALTH OF VIRGINIA
15 NORTH STREET
ONANCOCK, VIRGINIA 23417
(757) 787-3363**

MEALS TAX REPORTING FORM

1. Name of Business _____
2. FIN # _____
3. Owner _____
4. Location of Business _____
5. Mailing Address _____

6. Telephone Number _____

Receipts subject to tax of 4% \$ _____

4% tax amount \$ _____

Deduct Commission of 5% \$ _____

Total Tax Due \$ _____

FOR PERIOD ENDING _____

NET TAX PAYABLE \$ _____

LATE PENALTY 10% \$ _____

TOTAL TAX DUE \$ _____

**I HEREBY CERTIFY THAT THE FIGURES SHOWN ON THIS FORM ARE
CORRECT:**

SIGNATURE

DATE