

TOWN OF ONANCOCK

MEALS TAX REPORTING FORM - MONTHLY

Name of Business _____

FIN # _____

Owner _____

Location of Business _____

Mailing Address _____

Telephone Number _____

(A) Receipts subject to tax of 5% _____

(B) 5% tax amount _____

(C) Deduct Commission of 5% (B) x .05
(no commission if late) _____

(D) Total Tax Due (B)-(C) _____

(E) LATE PENALTY 10% (D) x .10
(after 20-days from month-end) _____

(F) TOTAL TAX DUE (D)+(E) _____

FOR PERIOD ENDING _____

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

SIGNATURE

DATE