

**TOWN OF ONANCOCK**

**MEALS TAX REPORTING FORM – MONTHLY**

**Due the 20<sup>th</sup> of the Subsequent Month**

Name of Business \_\_\_\_\_

FIN # \_\_\_\_\_

Owner \_\_\_\_\_

Location of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

(A) Receipts subject to tax of 5.5% \_\_\_\_\_

(B) 5.5% 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