Town of Orange
Finance Office
119 Belleview Avenue, Orange Virginia 22960-1401
Phone: (540) 672-1020/Fax: (540) 672-2821
directoroffinance@townoforangeva.gov

PURCHASED MEALS TAX MONTHLY RETURN

MONTH OF _____ 20__

EIN/Tax ID#:----------

Business Name: ----------

Business Address: ----------

Mailing Address (if different):----------

Contact: ---------- Email: ----------

Business Phone:---------- Cell:_____ Fax: _____

1	Meats Receipts Subject to Tax	$_____
2	Tax - 8% of Gross Receipts	$_____
3	Discount - 5% of Line 2 *(Retained by business if tax paid by 20th of month)*	$_____
4	TAX DUE (Deduct Line 3 from Line 2)	$_____
5	PENALTY *($10 or 5% of tax due per month or fraction thereof that report and/or payment is delinquent not to exceed 50%, whichever is greater.)* To be calculated by Town	$_____
6	INTEREST *(1.5% of tax due per month plus penalty or fraction thereof that report and/or payment is delinquent).* To be calculated by Town	$_____
7	TOTAL DUE (Add Lines 4, 5 and 6)	$_____

This return must be filed by the 20th day of the month following the month for which the tax is due to avoid penalty and interest. Make checks payable to TOWN OF ORANGE and return to:

119 Belleview Avenue, Orange, Virginia 22960

For additional information, assistance, or clarifications, please call the Treasurer's Office at (540) 672-1020.

I certify that the amounts shown on this return are in accordance with the Purchased Meals Tax Ordinance 66.71-85.

_____ _____

Signature of Authorized Business Official Date

********** FOR OFFICE USE ONLY**- *****-

Date Received By Treasurer: _____ Remittance Reconciles: Dves 0No (If no, return to Business)

Remittance Posted/Filed Oves ONo By:---------- Date:-------

Rev 06202018