

Town of Luray  
Office of the Treasurer, P.O. Box 629  
Luray, Virginia 22835  
(540) 743-5511



### Local Tax on Food and Beverage

Report for the month of \_\_\_\_\_, 20\_\_\_\_

Business Name: \_\_\_\_\_

Taxpayer ID# \_\_\_\_\_

Address: \_\_\_\_\_

Virginia Sales Tax Registration Number:  
\_\_\_\_\_

1. Gross Sales on Meals: \$ \_\_\_\_\_

2. Allowable Exemptions:

a. Meals to Employees when no charge is made to employee \$ \_\_\_\_\_

b. Meals Paid for by Federal, State or Local Governments \$ \_\_\_\_\_

c. Non-alcoholic beverages, popcorn, candy and confections sold in theaters \$ \_\_\_\_\_

d. Meals sold to nonprofit educational, religious and charitable organizations \$ \_\_\_\_\_

e. **TOTAL EXEMPTIONS:** (Detailed attachment required to substantiate the amount being deducted) \$ \_\_\_\_\_

3. Items 1 less Item 2 (e): \$ \_\_\_\_\_

4. TAX (4 % of Item 3): \$ \_\_\_\_\_

5. Penalty for late filing and payment (10 % of Item 4): \$ \_\_\_\_\_

6. Interest for late filing and payment (12 % per annum): \$ \_\_\_\_\_

7. **Total Tax, Penalty, and Interest Due (Sum of lines 4, 5, & 6):** \$ \_\_\_\_\_

*I swear (or affirm) that I have examined this return, that it is made in good faith, and that to the best of my knowledge and belief all entries made herein, and contained in each schedule or statement attached and made a part hereof, are true, correct and complete, and in accordance with the law and regulations hereto.*

\_\_\_\_\_  
**Signature** Title Date

TAX IS DUE EACH CALENDAR MONTH ON OR BEFORE THE 20<sup>TH</sup> OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAXES ARE COLLECTED. MAKE CHECKS PAYABLE TO THE TOWN OF LURAY AND RETURN ORIGINAL COMPLETED FORM ALONG WITH PAYMENT TO: Town of Luray, P.O. Box 629, Luray, VA 22835. **\* Retain a copy for your records\***

*Town Office Use Only*

Date Paid: \_\_\_\_\_ Amount: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_