



MONTHLY FOOD AND BEVERAGE TAX REPORT

Office of the Commissioner of the Revenue

Rockbridge County

P.O. Box 1160

Lexington, Virginia 24450

(540) 463-3431

Account: _____

Trade Name: _____

Mailing Address: _____

Report for the Month of: _____

TAX CALCULATION

- | | |
|--|-----------------|
| 1. Gross receipts from prepared food and beverage sales | \$ _____ |
| 2. Tax due (6% of line 1) | \$ _____ |
| 3. Discount (3% of line 2) if remittance is not delinquent | \$ _____ |
| 4. Net Sales Tax Due | \$ _____ |
| 5. Penalty for late payment
(add 10% of line 4 for the 1 st 30 days delinquent) | \$ _____ |
| 6. Additional Penalty (add 5% penalty of line 4 for
for each additional 30 days delinquent) | \$ _____ |
| 7. TOTAL DUE | \$ _____ |

I hereby swear or affirm that the amounts listed above are true, correct, and complete to the best of my knowledge and belief for the period stated above.

Signed: _____ Date: _____

Print Name: _____ Phone: _____

Make all checks payable to **Rockbridge County Treasurer.**
Report and Payment due on or before the 20th day of the following calendar month.