



COUNTY OF HENRICO, VIRGINIA  
 DEPARTMENT OF FINANCE  
 (804) 501-4310 or (804) 501-5733

Collections for the Period Ending:

MONTH	YEAR
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Account Number:

I declare that the foregoing statements are true, full and correct to the best of my knowledge.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title Phone

**FOOD AND BEVERAGE TAX**

1. Gross Sales	\$ _____
2. Non-Taxable Sales and Other Deductions	\$ _____
3. Taxable Sales (Line 1 less Line 2)	\$ _____
4. Food and Beverage Tax (Line 3 X 4%)	\$ _____
5. Seller's Commission (Line 4 X 3%) <small>(only if the return is filed and the tax paid in full by the due date)</small>	\$ _____
6. Subtotal (Line 4 less Line 5)	\$ _____
7. Penalty for Late Filing (Line 6 X 10%)	\$ _____
8. Penalty for Late Payment [(Lines 6 + 7) X 10%]	\$ _____
9. Sum of Lines 6, 7, and 8	\$ _____
10. Interest if Late (Line 9 X daily rate of 0.000274)	\$ _____
11. Total Due (Line 9 + Line 10)	\$ _____
12. Amount Paid	\$ _____

**Due by the 20th day of the month following the end of the reporting period**  
 Mail To: COUNTY OF HENRICO VA-MEAL TAX, PO Box 76470, Baltimore, MD 21275-6470  
 Make check payable to County of Henrico