

**COMMISSIONER OF THE REVENUE
CITY OF MANASSAS PARK**

One Park Center Court
Manassas Park, Virginia 20111
703-335-8825

MONTHLY RETURN — MEALS TAX

Due 20th of month following month for which report is made.

Name of Business _____

Mailing Address _____

Account No. _____ Phone _____

1. Gross Receipts for month of _____, 20____
2. Less: Allowable deductions (attach separate schedule) _____
3. Balance subject to tax (Line 1 minus line 2) _____
4. 4% Tax (.04 X line 3) _____
5. Less: Seller's Discount of 2% of tax (.02 X line 4)
(If application is filed on time) _____
6. Net Tax Payable to City (Line 4 minus line 5) _____
7. 10% Penalty for late payment (.10 x line 4) _____
8. Subtotal (add lines 4 and 7) _____
9. 10% per annum Interest on Tax and Penalty
(.008333 X number of months late X line 8)
Number of months late _____
10. TOTAL TAX, PENALTY, AND INTEREST
(add lines 8 and 9) _____

Please remit the amount shown on Line 10 to "City of Manassas Park"
Retain pink copy. Mail white and yellow copies with remittance to:
Commissioner of the Revenue, City of Manassas Park
One Park Center Court, Manassas Park, VA 20111

DECLARATION OF TAXPAYER

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.

Date _____ Signed _____

Title _____ Please print name _____

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