



You'll like the view from  
**South Hill**

# Town of South Hill

Incorporated 1901

ADMINISTRATION  
(434) 447-3191

BUILDING AND CODE  
OFFICIAL  
(434) 447-5041

PUBLIC WORKS  
(434) 447-3228

VA. SALES TAX REGISTRATION # \_\_\_\_\_ MONTH END \_\_\_\_\_

Name \_\_\_\_\_

Trade Name \_\_\_\_\_

Address \_\_\_\_\_

## MEALS TAX

1. Gross Receipts (month)..... \$ \_\_\_\_\_
2. ALLOWABLE DEDUCTIONS:.....
  - (a) Meals to employees when no charge is made to employee.....\$ \_\_\_\_\_
  - (b) Meals furnished by hospitals or nursing homes to patient but  
not to employees.....\$ \_\_\_\_\_
  - (c) Meals furnished by a college.....\$ \_\_\_\_\_
  - (d) Other (explain) \_\_\_\_\_
  - (e) TOTAL DEDUCTIONS.....\$ \_\_\_\_\_
3. Line 1 minus Line 2 (e).....\$ \_\_\_\_\_
4. Tax (5 1/2% of Line 3).....\$ \_\_\_\_\_
5. Seller's Discount (3% of Line 4) **ALLOWABLE ONLY IF RETURN AND  
PAYMENT ARE FILED ON TIME**.....\$ \_\_\_\_\_
6. Total Tax less Seller's Discount (Line 4 minus Line 5).....\$ \_\_\_\_\_
7. Penalty for Late Payment (10% of Line 6 or \$10.00 minimum).....\$ \_\_\_\_\_
8. Interest for Late Payment (.83% of Line 6 per month).....\$ \_\_\_\_\_
9. Total Tax, Penalty, and Interest  
SUM OF LINES (6, 7, & 8).....\$ \_\_\_\_\_

**PLEASE RETURN FIRST (WHITE) COPY AND CHECK MADE PAYABLE TO:**  
TOWN OF SOUTH HILL  
211 S. Mecklenburg Avenue  
South Hill, VA 23970

I DECLARE THAT THIS REPORT HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.

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

**Note: This return must be filed and tax remitted by the 20<sup>th</sup> day of the month following the calendar month for which tax is due to avoid any penalty and interest.**