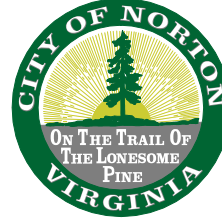


Treasurer's Office  
618 Virginia Ave., NW  
P.O. Box 618  
Norton, VA 24273-0618  
PHONE: (276) 679-7246 FAX: (276) 679-3510



# City of Norton

## Meals Tax

### (Monthly Reporting Form)

Reporting Month \_\_\_\_\_ Year \_\_\_\_\_

Company Name: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
FED ID#: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

1) Gross Taxable Sales		\$ _____
2) Taxable Rate	7%	.07
3) Tax	Line 1 X Line 2	\$ _____
4) Commission Rate	3%	.03
<i>(Commission Void if Payment Received After 20<sup>th</sup> of the Month)</i>		
5) Commission	Line 3 X Line 4	\$ _____
6) Total Tax Due	Line 3 - Line 5	\$ _____
7) Penalty Rate	10%	.10
<i>(Penalty Not Applicable if Payment Received On or Before 20<sup>th</sup> of the Month)</i>		
8) Penalty	Line 6 X Line 7	\$ _____
9) Total Due to the City of Norton	Line 6 + Line 8	\$ _____

I, the Undersigned representative, do hereby declare that, to the best of my knowledge, this is true, correct and complete form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PAYMENT MUST ACCOMPANY THIS FORM AND BE MADE  
PAYABLE TO THE CITY OF NORTON**

**TO BE COMPLETED BY TREASURER'S OFFICE**

Date Payment/ Form Received & Processed: \_\_\_\_\_

Payment Information: \_\_\_\_\_