

# Town of Clarksville

## Meals Tax Monthly Report (type in fields, print & sign)

Business Name  Phone  Other Phone (cell)

Address  State  Zip

Reporting for Month of

Please make checks payable to

*Town of Clarksville*

*PO Box 1147*

*Clarksville Virginia 23927*

*434-374-8177*

*Tax due by 20th of month following the month being reported.*

*\*\*Collection Fee Only Applies if Tax is Paid by 20th of the Month.*

1. Meal Charges Subject to Tax	
2. Tax on Meals at 5% of #1	
3. Less 2% Discount Collection Fee**	
4. Total Tax Due #2 less #3	
5. Penalty (Greater of: 10% of Tax Due or \$10.00) (If not paid by the 20th)	
6. Interest to Date (10% Per Annum)	
7. Total Due if Paid After Due Date	

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_