



County of Gloucester  
**COMMISSIONER OF THE REVENUE**  
**KEVIN A. WILSON**

County Office Building Two  
 6489 Main Street, Suite 137  
 Gloucester, Va. 23061

(804) 693-1318 or 693-3451 Fax (804) 693-3581



**MONTHLY REMITTANCE OF PREPARED FOOD & BEVERAGES TAX**

**NAME & ADDRESS:**

**ACCOUNT #:**

INSTRUCTIONS: MAIL **ONE COPY** WITH YOUR CHECK BEFORE THE 20<sup>th</sup> OF THE MONTH FOLLOWING THE MONTH BEING REPORTED TO THE COMMISSIONER OF THE REVENUE AT THE ABOVE ADDRESS. MAKE YOUR CHECK PAYABLE TO "TREASURER, GLOUCESTER COUNTY".

BUSINESS LOCATION: \_\_\_\_\_

1	GROSS RECEIPTS FOR THE MONTH OF – _____	
2	LESS ALLOWABLE DEDUCTIONS	
3	BALANCE (TAXABLE) (LINE 1 MINUS LINE 2)	
4	4% TAX ON LINE 3 (LINE 3 X .04)	
5	PENALTY FOR LATE FILING AND PAYMENT (10% OF LINE 4)	
6	INTEREST @ 10% PER ANNUM (LINES 4 & 5)	
7	TOTAL TAX, PENALTY, INTEREST DUE AND PAID HERewith	

DECLARATION OF SELLER:

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 ABOVE.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

TITLE: \_\_\_\_\_

DECLARATION OF CORPORATE OR PARTNERSHIP OFFICER:

If this report is being filed on behalf of a corporation or partnership, for purposes of liability for the penalty prescribed by Sec. 58.1-3906, Code of Virginia, for failure to pay the taxes required to be remitted with this report, unless otherwise, the president of the corporation, or any general partner in the case of a partnership, hereby accepts liability therefore. PLEASE INDICATE THE CORPORATE OFFICER OR EMPLOYEE OF A CORPORATION, OR GENERAL PARTNER OR EMPLOYEE OF A PARTNERSHIP WHO IS UNDER THE DUTY TO REMIT TAXES WITH THIS REPORT:

FULL LEGAL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

BY \_\_\_\_\_  
 FOR KEVIN A. WILSON, COMMISSIONER OF REVENUE