

Signature of Owner or Agent

Title

## **Town of Windsor**

PO BOX 307, TOWN OF WINDSOR, VA 23487 (757) 242-4288

Email: jdunlow@windsor-va.gov

## **Food & Beverage Meals Tax Remittance**

	INSTRII	CTIONS			
office by 5:00 pm on	A, B & C below.  20th day of the month following the 20th day of each month. By to: Treasurer, Town of Windso	the month beir mail - Postmar			
A. Owner & Business	Information				
Owner's Name		Р	Phone:		
Mailing Address: Street	Ci	ity	State	Zip	
Name of Business					
Physical Address: (No PC	Boxes) C	ity	State	Zip	
SSN of Owner	Federal Id Number		Email Address		
B. Calculating Tax		Month	Year		
1. Total Gross Receipts for the Month or Quarter ending		\$			
2. 6% Tax of Gross from Line 1 (Multiply Line 1 by 6%)		\$			
3. Penalty (Multiply Line 2 by 10%)		\$			
4. Amount Due (Line 2 plus Line 3)		\$			
shall, upon conviction th	iling to comply with any provision ereof, be guilty of a Class 3 Mis om payment, collection, or remi	demeanor. Con	viction of such viole	ation shall not relieve	
C. Declaration of Selle	er				

Date

Phone