



Municipal Corp. of Cape Charles
2 Plum Street Cape Charles, VA 23310
Phone (757)331-3259 Fax (757)331-4820

MEALS TAX REPORTING FORM

DUE DATE IS THE 20TH DAY OF THE CALENDAR MONTH FOLLOWING THE REPORTING MONTH.

BUSINESS NAME _____
MAILING ADDRESS _____
PHONE NUMBER _____
REPORTING MONTH/YR _____

- A. TOTAL GROSS MEALS REVENUE \$ _____
- B. MEALS TAX CALCULATION \$ _____
(LINE A X .05 OR 5%)
- C. LESS **5% DISCOUNT** on tax - \$ _____
(If postmarked on or before the 20th)
- D. ADD **10% PENALTY** for late payment
For the first month late, and \$ _____
.0083 X the tax due per month late thereafter.
- E. TOTAL MEALS TAX REMITTED \$ _____

Authorized Signature: _____

Make Check Payable to: **Treasurer of Cape Charles**
Remit to: **Municipal Corp. of Cape Charles, 2 Plum St., Cape Charles, VA 23310**