



**Town of Blacksburg**  
**Meals Tax Remittance**  
**PO Box 90003**  
**300 S Main St**  
**Blacksburg, VA 24062-9003**  
**540-961-1108**  
**Email: [mltax@blacksburg.gov](mailto:mltax@blacksburg.gov)**

**INSTRUCTIONS**

- **Complete Sections A, B & C below.**
- **File on or before the 20<sup>th</sup> day of the month following the month being reported. In person** – Deliver to our office by 5:00 pm on the 20<sup>th</sup> of each month. **By mail** – postmark on or before the 20<sup>th</sup> of the month.
- Make check payable to **Town of Blacksburg**.
- **Mail to:** Town of Blacksburg, P O Box 90003, Blacksburg, VA 24062-9003.

**A. Owner & Business Information**

Owner's Name			Phone	
Mailing Address: Block/ Street Name	City	State	Zip	
Business / Trade Name			Phone	
Physical Address: Block/ Street Name ( no PO Boxes)	City	State	Zip	
Social Security Number of Owner	Federal ID Number	Email Address		

**B. Calculating Tax**

1.	Total Gross Receipts for the Month of	Month	Year	\$
2.	Less Allowable Deductions (Attach List of Items) If Zero, enter "0."			\$
3.	Taxable Gross ( Subtract Line 2 from Line 1)			\$
4.	6% Tax of Gross from Line 3 (Multiply Line 3 by 6%)			\$
5.	Less 3% Discount-Only when filed & paid on or before the 20 <sup>th</sup> and/or no delinquency exists (Multiply Line 4 by 3%)			\$
6.	Total Tax Less Discount (Subtract Line 5 from Line 4 )			\$
7.	Penalty (Multiply line 6 by 10% )			\$
8.	Interest 10% per Annum			\$
9.	Total Due (Remember to include Penalty and Interest from line 7 & 8 if paid late )			\$

**C. Declaration of Seller**

I declare that the foregoing statement and figures are true, full and correct to best of knowledge and belief.

\_\_\_\_\_  
Signature of Owner or Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone