COUNTY OF MADISON – PREPARED FOOD AND BEVERAGE TAX RETURN

DUE THE 20TH DAY OF EACH MONTH FOR TAX COLLECTED THE PREVIOUS MONTH.

NAME _____

ADDRESS _____

_____

PHONE# _____

MONTH REPORTING _____

Return First & Second Copies to:

TREASURER
P. O. Box 309
Madison, VA 22727

MAKE CHECK PAYABLE TO:

COUNTY OF MADISON

☐ Final Return

1. Gross Sales of Prepared Food & Beverage	$ _____
2. Exempt Sales	$ _____
3. Taxable Sales (Line 1 minus Line 2)	$ _____
4. Tax Due (4% of Line 3)	$ _____
5. Adjustments from Previous Month	$ _____
6. Net Tax Due	$ _____
7. Penalties (Late Filing) (10% per month or $10 minimum — 30% maximum)	$ _____
8. TOTAL DUE	$ _____

Signature _____

Date _____

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