



Clarke County Virginia

Donna Mathews Peake, Commissioner of the Revenue

P.O. Box 67

Berryville, VA 22611

Phone: (540) 955-5108

www.clarkecounty.gov

FOOD AND BEVERAGE TAX

Applicant Information

Month :

DBA:

Business Owner:

Federal ID #:

Email:

Phone #:

Business License #:

Property Address:

- | | |
|--|-------------|
| 1. GROSS SALES OF FOOD AND BEVERAGES | \$ _____ |
| 2. ALLOWABLE DEDUCTIONS AS DEFINED IN CLARKE COUNTY
CODE SECTION 165-94 | \$(_____) |
| 3. TAXABLE SALES (LINE 1 MINUS LINE 2) | \$ _____ |
| 4. TAX DUE (4% OF LINE 3) | \$ _____ |
| 5. SELLERS DISCOUNT (5% OF LINE 4 IF REMITTED BY 20 th) | \$(_____) |
| 6. ADJUSTMENTS FROM PREVIOUS MONTH | \$ _____ |
| 7. NET MEALS TAX DUE | \$ _____ |
| 8. 10% PENALTY FOR LATE PAYMENT (AFTER THE 20 th) | \$ _____ |
| 9. TOTAL MEALS TAX, PENALTY AND INTEREST DUE
(SUM OF LINES 7 AND 8) | \$ _____ |

REPORT AND PAYMENT DUE ON OR BEFORE THE 20TH DAY OF THE MONTH FOLLOWING THE MONTH WHICH THE TAX WAS COLLECTED. CHECK OR MONEY ORDER SHOULD BE MADE PAYABLE TO "TREASURER, CLARKE COUNTY" AND MAILED TO THE COMMISSIONER OF THE REVENUE AT THE ADDRESS LISTED ABOVE.

UNDER PENALTIES PROVIDED BY LAW, THE UNDERSIGNED CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND IS TAKEN FROM THE BOOKS AND RECORDS OF THE BUSINESS FOR WHICH THIS FORM IS FILED.

Signature of Representative/Owner

Date

PLEASE SIGN & RETURN COMPLETED FORM TO INSURE PROPER CREDIT