



**TOWN OF LURAY**

Office of the Treasurer  
P.O. Box 629  
Luray, VA. 22835  
Telephone: (540) 743-5511

**LOCAL TAX ON FOOD AND BEVERAGE**

Report for the month of \_\_\_\_\_, 20\_\_

Business Name: \_\_\_\_\_

TAXPAYER ID# \_\_\_\_\_

Address: \_\_\_\_\_

Luray, Virginia 22835

**VIRGINIA SALES TAX  
REGISTRATION #** \_\_\_\_\_

<b>1. Gross Sales on Meals:</b>	\$
<b>2. Allowable Exemptions:</b>	
a. Meals to Employees when no charge is made to employee	(\$ _____)
b. Meals Paid for by Federal, State, or Local Governments:	(\$ _____)
c. Non-alcoholic beverages, popcorn, candy and similar confections sold in theaters.	(\$ _____)
d. Meals sold to Non-profit educational, religious, and charitable organizations.	(\$ _____)
e. TOTAL EXEMPTIONS:	(\$ _____)
<b>3. Item 1 less Item 2 (e)</b>	\$
<b>4. TAX (4% of Item 3)</b>	\$
<b>5. Less 1% rebate of Item 4 only if tax is paid by due date. *20<sup>th</sup> of the month</b>	(\$ _____)
<b>6. Item 4 less Item 5</b>	\$
<b>7. Penalty for late filing and payment. (10% of Item 4)</b>	\$
<b>8. Interest for late filing and payment (12% per annum)</b>	\$
<b>9. TOTAL TAX, PENALTY, AND INTEREST DUE: (Sum of lines 6, 7, and 8)</b>	\$

I swear (or affirm) that I have examined this return, that it is made in good faith, and that to the best of my knowledge and belief all entries made herein, and contained in each schedule or statement attached and made a part hereof, are true, correct and complete, and in accordance with the law and regulations applicable hereto.

\_\_\_\_\_  
Signature Title Date

TAX IS DUE EACH CALENDAR MONTH ON OR BEFORE THE 20<sup>TH</sup> OF THE MONTH FOLLOWING THE MONTH IN WHICH THE TAXES ARE COLLECTED. MAKE CHECKS PAYABLE TO THE TOWN OF LURAY AND RETURN ORIGINAL COMPLETED FORM ALONG WITH PAYMENT TO: Town of Luray, P.O. Box 629, Luray, VA. 22835

\*Retain a copy for your records\*

**TOWN OFFICE USE ONLY**

Valid ONLY when received by the Town Treasurer's Office

DATE PAID: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

AUTHORIZED SIGNATURE : \_\_\_\_\_