



**MONTHLY REMITTANCE OF TAX ON
PREPARED FOOD AND BEVERAGE**

**OFFICE OF THE TREASURER
TOWN OF KILMARNOCK
PO BOX 1357
KILMARNOCK, VA. 22482-1357
804-435-1552
www.kilmarnockva.com**

Name of Business: _____

Address: _____

- 1. Gross receipts for the month of _____ 20____ \$ _____
- 2. **LESS** allowable deductions \$ _____
- 3. Balance taxable \$ _____
- 4. 5% tax on item 3 \$ _____
- 5. First Penalty for late payment (5% of item 4) \$ _____
- 6. Additional Penalty (5% of item 4 for each additional month) \$ _____
- 7. Total tax, penalty and interest due and paid herewith \$ _____
MAKE CHECK PAYABLE TO TOWN TREASURER

DECLARATION OF SELLER:

I hereby swear or affirm that the amounts listed above are true, correct and complete to the best of my knowledge and belief for the period stated above.

Date: _____

Signed by: _____

Phone No. _____

Title: _____

INSTRUCTIONS:

Mail this form and remittance check made payable to Town Treasurer on or before the 20th day of the month following the month being reported to:

Judy Stevens, Town Treasurer
Town of Kilmarnock
PO Box 1357
Kilmarnock, VA 22482