

TOWN OF ELKTON, INC.
Office of the Town Treasurer
173 W. Spotswood Ave, Elkton, VA 22827

MONTHLY FOOD AND BEVERAGE TAX REPORT

Name _____

For month of _____ Year _____

T/A _____

Sales Tax ID No. _____

Zero report required. Check if Final Return

Report due 20th of month following the
calendar month for which tax is due.

(1) TOTAL GROSS-SALES OF TAXABLE FOOD & BEVERAGES \$ _____

(2) 7% TAX ON LINE (1) ABOVE (if timely return is filed and paid, omit lines 3 & 4) \$ _____

(3) PENALTY FOR LATE FILING AND PAYMENT (10% of line 2 - Minimum \$10.00) \$ _____

(4) INTEREST (1% per month after 30 days) \$ _____

(5) TOTAL TAX, PENALTY, AND INTEREST \$ _____

I declare that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

_____ Date

_____ Authorized Signature

Office Use Only

- MAIL WHITE COPY TO:
TOWN TREASURER
TOWN OF ELKTON
173 W. Spotswood Ave, Elkton, VA 22827
 - MAKE CHECK PAYABLE TO: Treasurer
 - KEEP **YELLOW** COPY FOR YOUR FILES
- Monthly Report Required Even If No Reportable Sales*