



TOWN OF IRVINGTON

P.O. Box 174
Irvington, VA 22480
(804) 438-6230
info@irvingtonva.gov

MONTHLY MEALS TAX REPORT FORM

Business Name: _____

Restaurant Address: _____

Please indicate the month

JAN FEB MAR APR MAY JUN JULY AUG SEPT OCT NOV DEC

1. Gross sales subject to Irvington Meals Tax \$ _____
2. Total tax owed (multiply line 1 by 0.03) \$ _____
3. Penalty, if paying after the 20th of the following month
(Multiply line 2 by 0.05) \$ _____
4. Total tax and penalty owed. Add lines 2 & 3 \$ _____

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.

Signature	Title	Date
Address (if other than restaurant)	Phone	Email

INSTRUCTIONS: Mail original copy with check payable to the Town of Irvington on/or before the 20th day of the month following the month being reported:

Town Clerk
PO Box 174
Irvington, VA 22480

Date Rec'd _____ For Office Use Only Check# _____