



Town of Onley

Meals Tax Report

Business Name: _____

Address: _____ Phone: _____

Business License Number: _____

TAX CALCULATION: _____

FOR THE MONTH OF: _____

GROSS RECEIPTS: _____

TOWN MEALS TAX RATE = x 4%: _____

AMOUNT DUE: _____

PENALTY: _____

INTEREST: _____

TOTAL DUE: _____

PAYMENT METHOD: _____ CASH _____ CHECK# _____

I HEARBY CERTIFY THAT THE FIGURES SHOWN ON THIS FORM ARE CORRECT:

Authorized Signature

Please remit payment to the Town of Onley, PO Box 622, Onley, VA 23418 or hand-deliver to 25308 Lankford Hwy., Onley 23418 on or before the 20th day of the following month of collection to avoid penalties/interest.