



Town of Onley
Meals Tax Report

Business _____

Address _____ Phone Number _____

Business License Number _____

TAX CALCULATION

FOR THE MONTH OF:

GROSS RECEIPTS:

TOWN TAX RATE X 4%

AMOUNT DUE:

PENALTY:

INTEREST:

TOTAL DUE:

PAYMENT METHOD: _____ CASH _____ CHECK# _____

I HEREBY CERTIFY THAT THE FIGURES SHOWN OF THIS FORM ARE CORRECT:

Authorized Signature

**Please remit payment to Town of Onley, PO Box 622, 25308 Lankford Highway, Onley VA
23418 on or before the 20th day of the following month of collection.**