



TOWN OF WARRENTON

POST OFFICE DRAWER 341
WARRENTON, VIRGINIA 20188-0341
<http://ci.warrenton.va.us>
TELEPHONE (540) 347-1101
FAX (540) 349-2414
TDD 1-800-825-1120

Meals & Lodging Tax Return

Account Number: _____

This Return Covers: _____

Remittance of Tax on:

Lodging

Meals

Business Name and Address:

Mailing Address (If Different)

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		This column for Official Use Only
1. Total Gross Sales		
2. Total Deductions		
3. Amount on which Tax Must be Computed		
4. Tax		
5. Less 3% of Tax (4.) Collection Fee		
6. Penalty for Late Filing and Payment		
7. Interest for Late Filing and Payment		
8. Total Tax, Penalty and Interest Due		

Important

File and pay by the 20th of each month. File even if no sales were made during the period.

Be sure to sign and date, return with your payment to the address above. Checks made payable to the Town of Warrenton.

If this is a final return, indicate the date your business was terminated or sold: _____

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.

Signature: _____ *Date:* _____