



21 Main St.
 P.O. Box 341
 Warrenton, VA 20186
 (540) 347-1101 Ext. 101
 taxes@warrentonva.gov

Meals & Lodging Tax Return

Account Number: _____

This Return Covers (enter month and year): _____, 202__

Remittance of Tax on: ___ Lodging ___ Meals

Business Name & Address:

Mailing Address (if different):

	SAME
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		<i>This Column for Official Use Only</i>
1. Total Gross Sales:		
2. Total Deductions:		
3. Amount on which Tax Must be computed:		
4. Tax:		
Less 3% of Tax (4.)		
5. Collection Fee:		
6. Penalty for Late Filing And Payment:		
7. Interest for Late Filing And Payment:		
8. TOTAL TAX (plus any 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 and return with payment to the above address.
- Checks made payable to: **TOWN OF WARRENTON**
- If this is a **FINAL RETURN**, indicate the date your business was closed 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: _____

Official Use Only:

Received: _____

Amount: _____