

**TOWN OF SHENANDOAH**  
**Treasurer's Office**  
**426 First Street**  
**Shenandoah VA 22849**  
**Phone: (540) 652-8164**

PLEASE RETURN THIS  
 FORM TO TREASURER'S  
 OFFICE - KEEP A COPY  
 FOR YOUR RECORDS

**FOOD AND BEVERAGE TAX RETURN**

Final Return (Check if your business has closed)

**Note: This return must be filed even if no sales were made during the period.**

**Business Name:**

**Business Address:**

**Month of:** \_\_\_\_\_

**File and Pay by:** \_\_\_\_\_  
 (month)

<u>Description</u>	<u>Amount</u>
<b>1. Gross sales on Meals</b>	
<b><u>Allowable Exemptions:</u></b>	
<b>a. Meals to employees when no charge is made to the employee</b>	
<b>b. Meals paid for by Federal, State or Local Governments</b>	
<b>c. Non-alcoholic beverages, popcorn, candy and similar confections sold in theaters</b>	
<b>d. Meals sold to non-profit educational, religious or charitable organizations (Section II-36 1-4)</b>	
<b>2. Total Exemptions (Items a thru d)</b>	
<b>3. Taxable Receipts (Item 1 less Item 2)</b>	
<b>4. Tax (6% of Item 3)</b>	
<b>Penalty for late filing and payment</b>	
<b>5. (10% of Item 4)</b>	
<b>Interest for late filing and payment</b>	
<b>6. (10% per annum calculated on TAX + PENALTY)</b>	
<b>Total AMOUNT DUE (plus Penalty and Interest)</b>	
<b>7. (Add Items 4, 5 and 6)</b>	

I DECLARE THAT THIS RETURN HAS BEEN EXAMINED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS TRUE, CORRECT AND COMPLETE RETURN.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_