

COUNTY OF ISLE OF WIGHT OFFICE OF THE COMMISSIONER OF THE REVENUE

PO Box 107, Isle of Wight, VA 23397 (757) 365-6263 Email: blcoriow@isleofwightus.net

Food & Beverage Tax Remittance

INSTRUCTIONS

- Complete Sections A, B & C below.
- File on or before the 20th day of the month following the month being reported. In person Deliver to our office by 5:00 pm on the 20th of each month. By mail postmark on or before the 20th of the month.
- Make check payable to: Treasurer, Isle of Wight County
- Mail to: Commissioner of the Revenue, PO Box 107, Isle of Wight, VA 23397

A. Owner & Business Information Owner's Name Phone								
Owne	1 o realito					'	110110	
Mailing Address: Block/ Street Name			City		Sta	te	Zip	
Busin	ess / Trade Name					F	Phone	
Physical Address: Block/ Street Name (no PO Boxes)			City		Sta	te	Zip	
Social Security Number of Owner Federal Id			Number		Email Ad	Email Address		
D (Salavilatina Tay							
	Calculating Tax	T	Month		Year		T .	
1.	Total Gross Receipts for the Month of		Worth			I cai		\$
2.	6% Tax of Gross from Line 1(Multiply Line 1 by 6%)						\$	
3.	Penalty (Multiply Line 2 by 10%)							\$
4.	Amount Due (Line 2 plus Line 3)						\$	
convic	erson violating or failing to comply votion thereof, be guilty of a Class 3 lent, collection, or remittance of the	Misdemeanor. Co	nviction of s	such viol				
C. De	eclaration of Seller							
	I declare that the foregoing stateme	ent and figures are	true, full an	d correc	ct to best	of knov	wledge a	nd belief.
	Signature of Owner or Agent Date							
	Title			F	Phone			