

**COMMISSIONER OF THE REVENUE
CITY OF MANASSAS, VIRGINIA**
9027 Center Street, PO Box 125
Manassas, VA 20108-0125
(703) 257-8214

**MONTHLY RETURN
MEALS TAX & LODGING TAX**

Due 20th of month following month for which report is made.

Name of Business _____ Account # _____

Mailing Address _____ Phone _____

	Meals Tax	Lodging Tax
1. Gross Receipts for Month of		
2. Less: Allowable deductions (Attach separate schedule.)	-	
3. Balance subject to tax (Line 1 – Line 2)		
4. 4% Tax (.04 x Line 3) (Note: Lodging Tax 5% (.05 x Line 3))		
5. Less: Seller's Discount of 3% of tax (.03 x Line 4) IF NOT FILED LATE		-
6. Net Tax Payable to City (Line 4 – Line 5)		
7. 10% Penalty for late payment (.10 x Line 4) or \$10, whichever is greater.	+	+
8. Total tax and Late Payment Penalty (Line 6 + Line 7)		
9. 10% per annum Interest on Tax and Penalty (.008333 x No. months late x Line 8)	+	+
10. TOTAL TAX, PENALTY AND INTEREST		

Please remit the amount shown on Line 10 to the "Treasurer, City of Manassas"
PO Box 512, Manassas VA 20108-0512

DECLARATION OF TAXPAYER

I hereby swear or affirm that the amounts listed above are true, correct, and complete to the best of my knowledge and belief for the period stated.

Date _____ Signed _____

Title _____ Print Name _____

Received by Treasurer's Office: Date _____ Clerk _____