

**KING WILLIAM COUNTY, VIRGINIA**

**OFFICE OF  
THE COMMISSIONER OF REVENUE**

P.O. BOX 217  
KING WILLIAM, VIRGINIA 23086

**MEALS TAX RETURN**

**Due by the 20<sup>th</sup> of the month**

VIRGINIA SALES TAX REGISTRATION NO.:  REPORT MONTH:

TRADE NAME: \_\_\_\_\_

PHYSICAL ADDRESS OF BUSINESS: \_\_\_\_\_

MAIL ADDRESS 1: \_\_\_\_\_

MAIL ADDRESS 2: \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

1. Receipts from sales of meals **subject to this tax** \$

2. Tax (Line 1 multiplied by 4% - The amount on line 4 x .04 =) \$

**NOTE: To avoid a 10 % penalty, you must report each month's tax by the 20th day of the following month. (Taxes for May are due June 20<sup>th</sup>.) Interest will start to accrue on the 1<sup>st</sup> of the month after the due date. Please make check payable to the Treasurer, King William County for the amount shown on line 2 and mail with return to Commissioner of Revenue at address above. Thank you.**

BY SIGNING THIS RETURN, I HEREBY 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_