TOWN OF STANARDSVILLE
FOOD & BEVERAGE TAX REMITTANCE
(Must be filed on or before the 20th of each month)

BUSINESS INFORMATION:

Trade Name: _____

Business Owner Name: _____

Business Street Address: _____

Business Phone Number: _____ Business Email: _____

TAX CALCULATION For Calendar Month of _____, 20_____

1	Gross Sales of Food & Beverages for Month	$
2	Tax Due (4% of Gross Sales)	$
3	Timely Filing Commission (3% of Line 2 if filed on time)	$
4	Total Tax Payable to Town (Subtract Line 3 from Line 2)	$
5	Late Payment Fee (Additional 10% of Tax Due if filed after due date)	$
6	TOTAL AMOUNT DUE PAYABLE TO TOWN	$
7	TOTAL AMOUNT PAID WITH THIS REMIMTTANCE	$

DECLARATION OF BUSINESS OWNER OR PREPARER:

I declare that all information stated in this Remittance is complete and accurate.

Name: _____ Title: _____

Signature: _____ Date: _____

Note: Provision of false information on this remittance form may result in a penalty equal to 50% of tax due against the person responsible. Any person responsible for collection of food and beverage taxes who fails to collect such taxes due, or any person responsible for completion of this remittance form who fails to accurately and truthfully account for or remit such taxes may be charged with a Class 3 Misdemeanor.

MAKE ALL PAYMENTS PAYABLE TO: TOWN OF STANARDSVILLE

DELIVER PAYMENTS TO:
Via Mail: P. O. Box 152, Stanardsville, VA 22973
In Person Drop Box: 19 Celt Road, Stanardsville, VA 22973

BELOW RESERVED FOR TOWN USE

Date Received:	Amount Received:	Payment Method:	Received By:
	$		
Paid On Time? Y / N		Eligible for Timely Filing Commission? Y / N	
Notes:			

Form: July 2025