



Floyd County
Commissioner of Revenue
100 East Main St Box 5
Floyd VA 24091
(540) 745-9345
Mon - Fri 8:30-4:30

Meals Tax

Business Name: _____ Federal ID#: _____

Business Address: _____

Mailing Address (if different): _____ Owner: _____

Email: _____ Phone #: _____

**This return is due and payable by the 20th day of the month
following the month the tax was collected.
Please make checks payable to Floyd County Treasurer.**

Report for Month of: _____ Year _____

1. Gross Receipts of sales:	
2. Meals Tax at 4%(Line 1 X .04)	
3. Discount 2.5% for Commission Fee(Line 2 X .025): * If remittance is not delinquent	
4. Meals Tax Due(Line 2-Line 3):	
5. Penalty of 10% for Late Filing	
6. Total Due:	

MONTHLY REPORT REQUIRED EVEN IF NO REPORTABLE SALES

Signature: _____ Date: _____

----- Office use only -----

DATE REC'D _____ Amt Due: \$ _____

Amt Rec'd: \$ _____