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COMMISSIONER OF THE REVENUE
CITY OF MANASSAS, VIRGINIA
9025 Center Street, PO Box 125
Manassas, VA 20108-0125
(703) 257-8229

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 January 2013	0.00	0.00
2. Less: Allowable deductions (Attach separate schedule.)	– 0.00	0.00
3. Balance subject to tax (Line 1 – Line 2)	0.00	0.00
4. 4% Tax (.04 x Line 3) (Note: Lodging Tax 5% (.05 x Line 3)	0.00	0.00
5. Less: Seller's Discount of 3% of tax (.03 x Line 4)	– 0.00	– 0.00
6. Net Tax Payable to City (Line 4 – Line 5)	0.00	0.00
7. 10% Penalty for late payment (.10 x Line 4) or $10, whichever is greater.	+ 0.00	+ 0.00
8. Total tax and Late Payment Penalty (Line 6 + Line 7)	0.00	0.00
9. 10% per annum Interest on Tax and Penalty (.008333 x No. months late x Line 8)	+ 0.00	+ 0.00
10. **TOTAL TAX, PENALTY AND INTEREST**	0.00	0.00

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

DECLARATION OF TAXAPAYER

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 _____

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