

**Town of Louisa**  
**212 Fredericksburg Ave**  
**P.O. Box 531**  
**Louisa, VA 23093**  
**540-967-1400**

Taxes Collected During Month of \_\_\_\_\_, 20\_\_\_\_.

Payment Made On \_\_\_\_\_, 20\_\_\_\_.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

1. Meals Charges Subject to Tax \_\_\_\_\_

2. Tax on Meals @ 5.5% of (1) \_\_\_\_\_

3. Less 3% of Tax \_\_\_\_\_

4. Total Tax Due: \_\_\_\_\_

Subtract (3) from (2) \_\_\_\_\_

5. Penalty (10% of tax due) \_\_\_\_\_

(If paid after the 20<sup>th</sup> of the month for prior month)

6. Interest to Date: \_\_\_\_\_

(10% per annum if late)

7. **TOTAL DUE:** \_\_\_\_\_

This return must be filed by the 20<sup>th</sup> day of the month following the month taxed, to avoid penalty and interest. Payment must be postmarked by the 20<sup>th</sup> to avoid penalty. Make checks payable to the **Town of Louisa**. For information call the Town Office at 540-967-1400.

I certify that the figures shown on this form are correct and in accordance with the Meals Tax Ordinance. I have examined this return and to the best of my knowledge, it is true, correct and complete.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature