

**TOWN OF LEBANON**

**OFFICE OF THE TREASURER**

**Po Drawer 309**

**Lebanon, Virginia 24266**

**PURCHASED MEALS TAX RETURN**

**BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCOUNT #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RECEIPTS FOR MONTH OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_\_\_\_\_**

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**MEALS TAX MUST BE CALCULATED ON A MONTHLY BASIS FROM THE 1ST DAY OF THE MONTH TO THE LAST DAY OF THE MONTH. THIS RETURN MUST BE FILED BY THE *20TH* DAY OF THE MONTH FOLLOWING THE MONTH FOR WHICH THE TAX IS DUE TO AVOID PENALTY, INTEREST, AND TO RECEIVE A DISCOUNT. MAKE ALL REMITTANCE PAYABLE TO TREASURER, TOWN OF LEBANON.**

**I CERTIFY THAT THE FIGURES SHOWN ON THIS FORM ARE IN ACCORDANCE WITH THE TOWN OF LEBANON MEALS TAX ORDINANCE.**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**