



Date received: _____
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## Town of Clifton Meals Tax Collection Return Form

The Town of Clifton Meals Tax is due on the 20<sup>th</sup> of each month for the tax due and collected the preceding month.

The Meals Tax Collection Return Form may be submitted by mail or electronically to [treasurer@cliftonva.gov](mailto:treasurer@cliftonva.gov).  
Filing is not complete until both form and payment are received. Make checks payable to Town of Clifton.

Mail form and payment to:

Town of Clifton  
Attn: Meals Tax  
P.O. Box 309  
Clifton, VA 20124

Tax Report for Reporting Period (Month/Year): \_\_\_\_\_

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

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

Name of Meals Tax Form Preparer: \_\_\_\_\_

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

Preparer Email: \_\_\_\_\_

1. Total gross sales amount from meals, as defined in Code section 16-02	\$
2. Total gross sales amount times the tax rate • Multiply Line 1 by .03	\$
3. Late payment penalty, required if filing after the 20 <sup>th</sup> of the month • To calculate penalty, multiply Line 2 times .01 • If result is > \$10.00, enter result on Line 3 • If result is < \$10.00, enter \$10.00 on Line 3	\$
4. Additional penalty, required if filing more than more than one month past due • Refer to Code section 16-08 paragraphs b and c to calculate additional penalty	\$
5. Total Meals Tax Amount Due • Add Lines 2, 3 and 4 • This is the amount you owe	\$

Payment (check one):     Check enclosed     Transmitted via ACH

Declaration: I declare that the figures given herein are true, full, and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_