Town of Louisa
212 Fredericksburg Avenue
P.O. Box 531
Louisa, Virginia 23093
(540) 967-1400

Taxes Collected During the Month of _____, 20_____.

Payment Made on _____, 20_____.

Business Name: _____

Address: _____

_____
City State Zip

Phone Number: _____

1. Meals Charges Subject to Tax: _____
2. Tax on Meals @ 6.0 % 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 20th of the month for the prior month)
6. Interest to Date: _____
   (10% per annum if late)
7. **TOTAL DUE:** _____

This form must be filed by the 20th day of the month following the month taxed to avoid penalty and interest. Payment must be postmarked by the 20th 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 form and to the best of my knowledge, it is true, correct and complete.

Date: _____ Authorized Signature: _____