

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

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

**DECLARATION OF TAXPAYER**

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 \_\_\_\_\_