

**CAROLINE COUNTY
COMMISSIONER OF THE REVENUE**

212 N Main Street
P.O. Box 819
Bowling Green, VA 22427
Phone#: (804) 633-1050
Fax#: (804) 633-3480
E-mail: consumertax@co.caroline.va.us

Remittance of Food and Beverage Tax

Business Name: _____ Fed ID#/SSN: _____

Event Name: _____

Date of Event: ____/____/____ Through ____/____/____

- 1. Gross Receipts \$ _____
- 2. 4% Tax (Line 1 x .04) \$ _____
- 3. 10% Penalty - If paid more than 10 days after event (Line 2 x .10) *\$2.00 minimum* \$ _____

Final Payment is due no later than 10 days after the conclusion of the event.

MAKE CHECK PAYABLE TO: TREASURER, CAROLINE COUNTY
PLEASE MAIL PAYMENT TO: P.O. BOX 819 BOWLING GREEN, VA 22427

**INSTRUCTIONS: MAIL ORIGINAL TO THE COMMISSIONER OF THE REVENUE NO LATER THAN 10 DAYS
AFTER THE CONCLUSION OF THE EVENT OR LATE PENALTIES WILL APPLY.**

DECLARATION OF SELLER:

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 above.

SIGNATURE: _____ DATE: _____ PHONE #: _____

FOR OFFICE USE ONLY

Date Received in Office Check # Check Amount Received By