

**Town of Hurt, Virginia
Monthly Meals Tax Form**

Business Name _____

Business Address _____

Mailing Address (if different) _____

For Period Ending _____ Due Date _____

Monthly Reporting

Line 1: Gross Sales Subject to Meals Tax \$_____,_____._____

Line 2: Meals Tax Due (7% of Line 1 above) \$_____,_____._____

Line 3: Penalty \$_____,_____._____

Line 4: Interest \$_____,_____._____

Line 5: Total Due (sum of lines 2 – 4) \$_____,_____._____

***In submitting this form, I declare that I have read the information shown above
and that to the best of my knowledge and belief it is true, correct, and complete.**

Signature _____ Date _____

Printed Name _____ Phone _____



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Form BT-3 (Revised 08/20/2025)**