**CITY OF FRANKLIN**

**BRENDA B RICKMAN**

**MEALS TAX \_\_\_\_\_\_\_\_(YEAR)**

**Checks payable To: City Treasurer**

**Mail To: 207 West Second Avenue**

 **Franklin, VA 23851 Registration No……\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **For Month of………. \_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Business Name: Gross Receipts…….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **7% Tax…………. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Penalty & Interest. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Remittance. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby certify that the figures shown on this form are in accordance with the Code of the CITY OF FRANKLIN**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signed**