



Selenia R. Boone
Commissioner of the Revenue

MEALS TAX _____ (YEAR)

Business Name & Address:

Registration # _____
For Month Of _____

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 § 27-159.

Signed

Checks Payable To: City Treasurer
207 W. 2nd Ave
Franklin VA 23851