

# COUNTY OF GREENE - MEALS TAX RETURN

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

MONTH REPORTING \_\_\_\_\_

NOTE: Return first & second copies  
to: COMMISSIONER OF REVENUE  
Post Office Box 438  
Stanardsville, Virginia 22973



NOTE: MAKE CHECK PAYABLE TO:  
COUNTY OF GREENE  
(Check Must Accompany This Report)

GROSS RECEIPTS	\$
TAX (4%)	\$
	\$
PENALTY FOR LATE FILING (10%)	\$
TOTAL TAX DUE	\$

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Treasurer/White    Commissioner/Yellow    Business/Pink