

COUNTY OF GREENE - MEALS TAX RETURN

NAME _____

ADDRESS _____

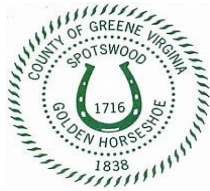
MONTH REPORTING _____

Return to:

Commissioner of Revenue

Post Office Box 438

Stanardsville, VA 22973



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

NOTE: Make check payable to:

COUNTY OF GREENE

(Check Must Accompany This Report)

SIGNATURE _____ DATE _____