

**New Kent County Meals Tax Payment Coupon**

**RECEIPT**

**Meals Tax**

Check# \_\_\_\_\_

Gross Receipts \$ \_\_\_\_\_

Tax Paid \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Name:

Address:

Acct#:

Business Name:

Trade Name:

REPORT MONTH	DUE DATE
	<b>20<sup>th</sup> Next Month</b>

**Important**-Please include this coupon with your payment and mail to:  
 Commissioner of Revenue  
 P.O. Box 99  
 New Kent, VA 23124  
 (804) 966-9610

Gross Receipts	\$
Tax (Gross x .04)	\$
Check#	

After the 20<sup>th</sup> add 10% penalty

**Make checks payable to: NEW KENT COUNTY**

**New Kent County Occupancy Tax Payment Coupon**

**RECEIPT**

**Occupancy Tax**

Check# \_\_\_\_\_

Gross Receipts \$ \_\_\_\_\_

Tax Paid \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Name:

Address:

Acct#:

Business Name:

Trade Name:

REPORT MONTH	DUE DATE
	<b>20<sup>th</sup> Next Month</b>

**Important**-Please include this coupon with your payment and mail to:  
 Commissioner of Revenue  
 P.O. Box 99  
 New Kent, VA 23124  
 (804) 966-9610

Gross Receipts	\$
Tax (Gross x .02)	\$
Check#	

After the 20<sup>th</sup> add 10% penalty

**Make checks payable to: NEW KENT COUNTY**

**New Kent County Admissions Tax Payment Coupon**

**RECEIPT**

**Admissions Tax**

Event \_\_\_\_\_

Event Date(s) \_\_\_\_\_

Gross Receipts \$ \_\_\_\_\_

Tax Paid \$ \_\_\_\_\_

Date Paid \_\_\_\_\_

Check# \_\_\_\_\_

Name:

Address:

Acct#:

Business Name:

Trade Name:

Name of Event:

# OF PPL. ATTENDED	ADMISSION CHARGED PER
<b>TOTAL:</b>	<b>\$</b>

**Important**-Please include this coupon with your payment and mail to:  
 Commissioner of Revenue  
 P.O. Box 99  
 New Kent, VA 23124  
 (804) 966-9610

Gross Receipts	\$
Tax (Gross x .04)	\$
Check#	

**\*Due within 5 days after an event**  
 After the 5<sup>TH</sup> day add 10% penalty

**Make certified checks payable to: NEW KENT COUNTY**