

**TOWN OF HILLSBOROUGH PREPARED FOOD & BEVERAGE REPORT FORM
PO BOX 429 • HILLSBOROUGH, NC 27278**

Report for sales occurring in _____
Month/Year

*****Report and payment are due on the 25th day of the next month*****

Legal Name of Business _____

Doing Business As _____

A) Operator of Business* _____
*provide responsible individual's name (print)

Mailing Address _____

Property location _____

B) If no sales during the period, check here

If business is closed **PERMANENTLY**, enter date business ceased to operate below:

Month _____ Day _____ Year _____

C) Signature _____

Print Name _____

Title _____

Phone # _____

D) 12 Digit State Sales Tax # H - _____

Check Business Type:

Bakery	Deli
Candy	Ice Cream/Yogurt
Caterer	Lounge/Tavern
Concession	Restaurant
Convenience	

E) Gross Sales _____

Non-Taxable Sales _____

Net Taxable Sales _____

Multiply Net Taxable Sales by .01 (1%) and enter below

TOTAL TAX _____

Add Penalty if Applicable (\$2 / Day Late) _____

Total Remitted _____

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