



MONTHLY RETURN OF RESTAURANT TAX
CITY OF CORBIN
P O BOX 1343
CORBIN, KY 40702-1343



RESTAURANT: _____

MONTH: _____

MAILING ADDRESS: _____

LOCATION (if other than mailing address): _____

- * File return even if no tax is due.
- * **RETURN IS DUE 20 DAYS AFTER THE LAST DAY OF EACH MONTH.**
- * Report changes in ownership or address immediately.
- * Return must be signed.

10% Penalty will be added
 On the 21st day automatically.
 1% Interest will be added on
 The first day of Each Month
 Following.

1. Taxable Receipts.....\$ _____
2. Multiply Line 2 by 3%.....\$ _____
3. Add Penalty.....\$ _____
4. Add Interest.....\$ _____
5. Total Payment Due.....\$ _____

I hereby certify that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge.

<u> X </u>	<u> X </u>	<u> X </u>
Preparing Individual	Official Title	Date

MAKE CHECK PAYABLE TO: CITY OF CORBIN

MAIL CHECK, ORIGINAL RETURN AND COPY OF KY SALES TAX RETURNS TO:

CITY OF CORBIN, PO BOX 1343, CORBIN, KY 40702



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 The first day of Each Month
 Following.

1. Total Gross Receipts.....\$ _____
2. Taxable Receipts.....\$ _____
 (Divide line 1 by 1.0918 to)
 (remove Sales/Restaurant Tax)
3. Multiply Line 2 by 3%.....\$ _____
4. Add Penalty.....\$ _____
5. Add Interest.....\$ _____
6. Total Payment Due.....\$ _____

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 X _____ X _____ X _____
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