



MONTHLY RETURN OF RESTAURANT TAX

CITY OF CORBIN

(606) 523-6522 EXT 1

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 21<sup>st</sup> day automatically. 1% Interest will be added on 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.....\$ \_\_\_\_\_

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

X \_\_\_\_\_

Preparing Individual

X \_\_\_\_\_

Official Title

X \_\_\_\_\_

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