



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: _____

* File return even if no tax is due.
 * **RETURN IS DUE 20 DAYS AFTER THE LAST DAY OF EACH MONTH.**

LOCATION (if other than mailing address): _____

* 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 1 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.

 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