



COMMONWEALTH OF KENTUCKY
OAK GROVE TOURISM COMMISSION
P.O. BOX 756
OAK GROVE, KENTUCKY 42262-0756

PH (270) 439-5675 FAX: (270) 439-5677



RESTAURANT MONTHLY TAX RETURN
Ordinance No. 2013-07

FOR MONTH ENDING: _____

PAYMENT DUE BY THE 30TH DAY OF THE FOLLOWING MONTH.

Business Name: _____

DBA: _____

Location Address: _____

Mailing Address: _____

Email Address _____

1. GROSS RECEIPTS FROM FOOD SALES	\$ _____
2. TAX DUE (3% OF LINE 1)	\$ _____
3. PENALTY, if applicable (10% of line 2 plus 1% interest per month)	\$ _____
TOTAL DUE	\$ _____

PENALTY AND INTEREST MUST BE INCLUDED IF PAYMENT IS NOT RECEIVED ON OR BEFORE THE 30TH DAY OF THE MONTH

I swear (or affirm) that the information provided on this form is true and correct to the best of my knowledge.

Signature: _____

Title: _____

Date: _____

Phone Number _____ Fax Number _____