

**MONTHLY RETURN - RESTAURANT TAX
FOR
CITY OF CAVE CITY, KENTUCKY**

NAME:.....
ADDRESS:

MONTH ENDING:
OCCUPATIONAL LIC. NO.:

MAILING ADDRESS IF OTHER THAN ABOVE:
.....
.....
.....

1. File return even though no tax is due.
2. Return is due 20 days following the month for which the report is made.
3. Report changes of address or ownership immediately.
4. Prepare return in duplicate and retain one copy.

1. GROSS SALES:
2. TAX-3% OF LINE 1:.....
3. PENALTY:.....
TOTAL PAYMENT:

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

.....
Signature of preparer and title
Date:.....

Return original report with check to:
CLERK-TREASURER
CITY OF CAVE CITY
103 DUKE STREET, P.O. BOX 567
CAVE CITY, KENTUCKY 42127-0567

PENALTY: For each day the report and the tax, or either, is past due there shall be added as penalty one percent (1%) of the tax due.