

**CITY OF FULTON, KENTUCKY  
MONTHLY RETURN OF RESTAURANT TAX**

Account No. \_\_\_\_\_

NAME & ADDRESS:

FOR MONTH ENDING:

**DUE:**

1. File return even though no tax is due.
2. Return is due 30 days following month for which report is made.
3. Report changes in ownership or address immediately.
4. Prepare this form in duplicate and retain one copy.

LOCATION (if other than mailing address) \_\_\_\_\_

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1.	Gross Food & Beverage Income	: _____
2.	Tax - 1% of line 1	: _____
3.	Penalty and/or Interest	: _____
4.	Total Payment	: _____
5.	Check No.	: _____
	Date of Check	: _____

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

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**Return Must Be Signed:**

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

\_\_\_\_\_  
Signature of Individual preparing form, Official Title and Date

**MAKE CHECKS PAYABLE AND MAIL TO:**

Treasurer, City of Fulton  
Post Office Box 1350  
Fulton, Kentucky 42041