**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

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.**

**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 and Phone Number

**MAKE CHECKS PAYABLE TO AND REMIT TO:** City of Fulton

 P. O. Box 1350

 Fulton, Ky 42041