

**Restaurant Tax- Monthly Return
City of Eddyville, Kentucky
(270) 388-2226**

Month Ending: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Federal ID Number: _____

A. Gross Sales: _____

B. Tax Due (2 % of Line A): _____

C. Penalty (15% of Amount on Line B): _____

D. Total (Line B plus Line C): _____

E. Interest (Prejudgment 8%,
Post judgment-12% per
Annum of Line D per month: _____

F. Total Payment: _____

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

Signature

Date

PENALTY: Failure to pay the monthly remittance within 10 days after due date will result in a penalty of 15% of tax then due.

INTEREST: All unpaid balances shall accrue interest at the rate of 8% Prejudgment, 12% Post judgment, per annum.

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1. File return even if no tax is due.
2. Return is due the 20th day of each month for the proceeding month's sales.
3. Report changes of address or ownership immediately.
4. Prepare return in triplicate and retain one copy for your records and submit two with payment to:

**City of Eddyville
PO Box 744
Eddyville, KY 42038**