



122 West Cumberland Avenue – PO Box 265 – Grand Rivers, Kentucky 42045
(270) 362-8272 – Fax (270) 362-2572

RESTAURANT TAX RETURN

Name _____

KY Sales Tax No. _____

Mailing Address _____

Tax Month _____

Location (if different than mailing address)

1. File Return even if no tax is due
2. Return is due 30 days following the which report is made
3. Report changes of address or ownership immediately
4. Prepare this return & retain a copy

There shall be imposed a penalty of ten percent (10%) on any unpaid taxes on the thirty-first (31st) day following the close of the tax month.

There shall begin to accrue and be added on said date interest of six percent (6%) per annum until all taxes are remitted.

1. Gross Receipts	\$ _____
2. Tax 2% of Line 1	\$ _____
3. Penalty and/or interest	\$ _____
4. Total Payment Due	\$ _____

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

**RETURN MUST
BE SIGNED**

Signature of Individual Preparing Return

Date: _____

Official Title: Owner, Manager, etc.

MAKE CHECKS PAYABLE TO THE CITY OF GRAND RIVERS
MAIL CHECKS TO: PO BOX 265, GRAND RIVERS, KY 42045
Send Original with Payment – Make A Copy for your records