

# MONTHLY RETURN OF RESTAURANT TAX

## CITY OF SHEPHERDSVILLE, BULLITT COUNTY, KENTUCKY

OWNERS NAME: \_\_\_\_\_  
 RESTAURANT NAME: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 (if different than location) \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 CONTACT PHONE #/EMAIL: \_\_\_\_\_

CERTIFICATE NO: \_\_\_\_\_  
 MONTH ENDING: \_\_\_\_\_

1. File return even if no tax is due.
2. Return is due 20 days following month for which report is made.
3. Report changes of ownership or address immediately.
4. Please send white and yellow copies to Paroquet Springs.
5. Retain pink copy for your records.

**PENALTY** - 5% of unpaid tax for each month or fraction thereof unpaid.

**INTEREST** - 0.5% per month or part thereof for each month or fraction thereof unpaid.

1. Gross Taxable Receipts	\$ _____
2. Tax 2% of line 1	\$ _____
3. Penalty 5%	\$ _____
4. interest 0.5%	\$ _____
5. TOTAL DUE	\$ _____

I hereby certify 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

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Date Prepared

**MAKE CHECKS PAYABLE TO: PAROQUET SPRINGS CONFERENCE CENTRE**  
 MAIL CHECK AND WHITE AND YELLOW COPY TO: 395 PAROQUET SPRINGS DRIVE, SHEPHERDSVILLE, KY 40165