



PLEASE DO NOT COMBINE CHECK WITH ANY OTHER DEPT.

City ID No: \_\_\_\_\_

Kentucky Sales Tax Account No: \_\_\_\_\_

**MONTHLY RETURN OF RESTAURANT TAX**  
**CITY OF ELIZABETHTOWN, KY**  
**MONTH ENDING: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 1. Gross Taxable Receipts in Elizabethtown  
(Excluding any non-food/alcohol sales) \_\_\_\_\_
- 2. Tax – 2% of Line 1 \_\_\_\_\_
- 3. Penalty (See Instructions # 2) \_\_\_\_\_
- 4. Interest (See Instructions # 3) \_\_\_\_\_
- 5. Total Payment Due (Lines 2 + 3 + 4) \_\_\_\_\_

Make check or money order payable to: **DIRECTOR OF FINANCE**  
**ATTN: RESTAURANT TAX**  
**PO BOX 550**  
**ELIZABETHTOWN, KY 42702-0550**

The return is due on or before the 20<sup>th</sup> of each month. A timely return must be filed, even if **NO** sales were made or **NO** tax is due.

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

Signature of Individual Preparing Return	Official Title	Date
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**INSTRUCTIONS:**

- 1. A return must be filed each month, even if no tax is due.
- 2. For each 30 days or fraction thereof that the return or payment is late, multiply line 2 by 5%. The maximum penalty due is 25% of line 5.
- 3. For each 30 days or fraction thereof that the return or payment is late, multiply line 2 by 0.5%.
- 4. On line 5, enter the total of line 2, line 3 and line 4.