

**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.

LOCATION (if other than mailing address) _____

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

MAKE CHECKS PAYABLE AND MAIL TO:

Treasurer, City of Fulton
Post Office Box 1350
Fulton, Kentucky 42041