

**MONTHLY RETURN OF RESTAURANT TAX
SHEPHERDSVILLE, BULLITT COUNTY, KENTUCKY**

OWNER'S NAME _____ CERTIFICATE NO. _____

RESTAURANT NAME _____ MONTH ENDING _____

MAILING ADDRESS _____

LOCATION (if other than mailing address) _____

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. Prepare this return in triplicate and retain back copy.

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

RETURN MUST BE SIGNED _____ DATE PREPARED _____

Signature of individual preparing return _____ Official title (owner, partner, manager, president)

MAKE CHECKS PAYABLE TO: CITY OF SHEPHERDSVILLE
MAIL CHECK AND 1ST & 2ND COPY TO: P.O. BOX 400, SHEPHERDSVILLE, KY 40165