MONTHLY REPORT OF RESTAURANT TAX
SHELBYKY TOURISM & VISITORS BUREAU (City of Shelbyville)

Month Ending: _____

Business Name (and DBA, if applicable): _____

Address: _____

City, State, Zip Code _____

	GROSS SALES	$_____
	TAX @ 3%	$ _____
PENALTY FOR LATE PAYMENT IS 12% per annum	PENALTY	$ _____
	TOTAL	$ _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND ANY SUPPORTING SCHEDULE IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Title: _____

Date: _____

MAKE CHECKS PAYABLE TO: ShelbyKY Tourism Commission & Visitors Bureau
219 7th St.
Shelbyville, KY 40065

YOU MUST FILE A RETURN EVEN THOUGH NO TAX MAY BE DUE.
RETURN IS DUE IN THE MONTH FOLLOWING THE MONTH IT WAS COLLECTED.
REPORT CHANGE OF ADDRESS OR OWNERSHIP IMMEDIATELY.
MAKE SURE RETURN IS SIGNED AND DATED. KEEP A COPY FOR YOUR RECORDS.

OFFICE USE ONLY-DO NOT WRITE IN THIS BOX

Date Received:_____ Check #: _____ Verified: _____