

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

Month Ending: \_\_\_\_\_

Business Name (and DBA, if applicable) and Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name / Phone Number should errors be found: \_\_\_\_\_

---

	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 7<sup>th</sup> St.  
Shelbyville, KY 40065

---

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 YOU RECORDS.

**OFFICE USE ONLY-DO NOT WRITE IN THIS BOX**

Date Received: \_\_\_\_\_ Check #: \_\_\_\_\_ Verified: \_\_\_\_\_