



# City of Leitchfield

## Monthly Return of Restaurant Tax

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

Business Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Also include mailing address if different*

Telephone: \_\_\_\_\_

- 1. Total Taxable Amount (gross sales before taxes) \_\_\_\_\_
- 2. Less, Non-Food and/or Non-Beverage Items \_\_\_\_\_
- 3. Adjusted Taxable Amount (line 1 minus line 2) \_\_\_\_\_
- 4. Tax (3% of line 3) \_\_\_\_\_
- 5. Penalty (late penalty of 10%) \_\_\_\_\_
- 6. Interest (12% per annum from due date) \_\_\_\_\_
- 7. Total Payment \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:**

The City of Leitchfield  
C/O City Treasurer  
P.O.Box 398  
Leitchfield, KY 42755

**The return is due on or before the end of each month for the previous month. Submit zero if there are no sales or notify if the business has closed. PENALTY & INTEREST MUST BE ADDED IF NOT PAID BY THE LAST DAY OF THE MONTH FOLLOWING THE PREVIOUS MONTH.**

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