

CITY OF CADIZ
RESTAURANT TAX

P.O. Box 1465
CADIZ, KENTUCKY 42211

270-522-8244

FAX: 270-522-0025

Monthly Report for _____, 20____
Month

Business Name _____
Address _____

Phone _____

1. Gross Receipts on Prepared Food and Drink Sales for Reporting Month _____
2. Multiply Line 1 X 3% _____
- * 3. Penalty (to calculate - line 2 X 5%) **Minimum \$25.00** _____
- * 4. Interest (to calculate - line 2 X 1% X number of months late) _____
5. TOTAL (Add lines 2, 3 and 4) Make check payable to **City of Cadiz** _____

- **Penalty and Interest are due if payment is made to the City of Cadiz after the 15th day of the month following the reporting month.**

I hereby certify that the information and statements contained herein or attached are correct to the best of my knowledge.

Signature of Preparer Printed Name Date

Title