

**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. 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 not made to the City of Cadiz by the 15th day of the month following 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 Telephone Number Date

\_\_\_\_\_  
Title