CITY OF LEBANON, MARION COUNTY, KENTUCKY
MONTHLY RETURN OF RESTAURANT TAX

Return for Month Ending _____	Certificate No._____
Business Name and Address:	Ky Sales Tax No._____
_____	Tax ID No._____
_____	
_____	
1. Gross Taxable Receipts	
2. Tax - 2% of Line 1	
3. Penalty and/ or interest, if any	
4. **Total Tax Due by the 20th of the Following 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. The foregoing is under penalty of perjury.

Return must be signed:

_____/_____/_____
Signature of Owner **Title** **Date**

Checks should be made payable to City of Lebanon and mailed with this return to City of Lebanon, P.O. Box 840. Lebanon, KY 40033.

INSTRUCTIONS/GENERAL INFORMATION:

1. Please enter your KY Sales Tax No. as issued by the State Department of Revenue.

2. The tax is based on two percent of gross receipts as reported to the State Department of Revenue as sales tax receipts. This return should be filed even though no tax is due.

3. Any tax that shall remain unpaid after it becomes due shall carry interest at the rate of twelve percent (12%) per annum.

4. The tax is due on or before the twentieth (20th) day of the following month and is considered late if it is not received by the City of Lebanon on or before the twentieth (20th).

5. Violation of Ordinance No. 03-03 and/or the amending Ordinance 03-05 shall be subject to a fine of not more than one hundred dollars ($100.00) per violation for each month during which such violation shall have occurred or continues to occur, or imprisonment for not more than thirty (30) days for each violation, or both.

6. Please return a copy of this form to ensure proper credit to your account.