

CITY OF CALVERT CITY

MONTHLY ABC REGULATORY REPORT

MAKE CHECK PAYABLE TO
AND MAIL TO:

CITY OF CALVERT CITY
P.O. BOX 36
CALVERT CITY, KY 42029

MONTH END DATE _____

DUE DATE _____

NAME _____
ATTENTION _____
ADDRESS _____
CITY STATE ZIP _____

BUSN. LICENSE # _____

DATE										
1 GROSS RECEIPTS FROM FOOD SALES										
2 GROSS RECEIPTS FROM ALCOHOL SALES										
3 TAX DUE AT 7%										
4 CREDIT FOR LICENSE										
5 PRIOR BALANCE										
6 BALANCE DUE										
7 TAX PAID										
8 INTEREST PAID**										
9 PENALTY PAID										
# TOTAL DUE										

*DO NOT INCLUDE SALES TAX IN ITEMS 1 & 2.

**1% PER MONTH

RETURN MUST BE SIGNED

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND IN ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF INDIVIDUAL PREPARING RETURN

DATE

SIGNATURE OF TAXPAYER

DATE

THIS FORM MUST BE FILED AND PAID IN FULL BY THE 20TH DAY OF EACH MONTH, FOR THE PRECEDING MONTH.