



City of Calvert City, Kentucky
 ALCOHOLIC BEVERAGE CONTROL
 861 E. 5th Avenue, P.O. Box 36
 Calvert City, Kentucky 42029
 270-395-7138 phone
 270-395-5554

www.calvertcity.com

MONTHLY REGULATORY REPORT

Name: _____ Phone: _____ Email: _____

Month End Date:	Due Date:	Make Check Payable to: City of Calvert City
Address: City, ST, Zip:	Business License # Business License #	Mail Payment to: City of Calvert City P.O. Box 36 Calvert City, KY 42029

1. Gross Receipts from food sales* If applicable	2. Gross Receipts from alcohol sales*	3. Tax Due @ 6%	4. Credit for License	5. Balance due (box 3 minus box 4)	6. Amount Paid	7. Interest Due**	8. Penalty Due***	9. Total Due	10. Box 2 divided by total of Box 1 + Box 2

*Do not include sales tax

**8% per annum

***5% for each 90 days or fraction thereof

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

RETURN MUST BE SIGNED

THIS FORM MUST BE FILED AND PAYMENT REMITTED IN FULL BY THE END OF THE MONTH FOLLOWING THE REPORTING MONTH.