

CITY OF PAINTSVILLE  
P.O. BOX 1588  
PAINTSVILLE, KY 41240



ALCOHOLIC BEVERAGES  
MONTHLY RETURN

**Month Ending**  
(Fill in date)

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1. Return is due by the 20th day of each month to indicate the preceding month's sales.

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1. Gross Receipts	\$	_____
2. Tax - 5% of line 1	\$	_____
3. 1/12 of license fee (credit)	\$	_____
4. Line 2 minus Line 3	\$	_____
5. Penalty & Interest	\$	_____
6. Total Tax Due	\$	_____

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Failure to pay monthly remittance within ten (10) days of the due date constitutes a violation of the ordinance and subjects the licenses to suspension or revocation of all licenses pursuant to the ordinances.

PENALTY - 20% of the regulatory license fee due

INTEREST - (12%) per annum

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I hereby certify that the statements made herein are true, correct and complete to the best of my knowledge.

**RETURN MUST BE SIGNED**

\_\_\_\_\_  
Signature of individual preparing return

\_\_\_\_\_  
Official Title, Owner, Manager, etc

\_\_\_\_\_  
Date

MAKE CHECKS PAYABLE TO CITY OF PAINTSVILLE, MAIL RETURN AND CHECK TO P.O. BOX 1588,  
PAINTSVILLE, KENTUCKY 41240