

CITY OF OLIVE HILL

Monthly Restaurant Sales Report

Restaurant Sales Tax Payment Form

Taxpayer Name: _____

Restaurant Name: _____

Restaurant Address: _____

Taxpayer Identification Number (TIN): _____

Month of Sales Tax _____

Date of Submission _____

Sales Tax Summary

1. **Total Food Sales for the Month:** \$ _____
2. **Sales Tax Rate:** 3%
3. **Total Sales Tax Due:** \$ _____
(Calculated as 3% of Total Food Sales)

Late Payment Penalty (if applicable)

4. **Late Payment Penalty (10% of Total Sales Tax Due):** \$ _____
(Applicable if payment is received after the 15th of the month)
5. **Interest on Late Payment (12% per annum):** \$ _____
(Calculated after 60 days)

Total Amount Due (if applicable)

6. **Total Amount Due:** \$ _____
(Includes Sales Tax Due + Late Payment Penalty + Interest on Late Payment)

Payment Instructions

- Sales Tax is due on or before the 15th of each month.
- Late payments are subject to a **10% penalty** and **interest of 12% per annum** on the outstanding balance past 60 days
- Payments can be made by Cash, Credit, Check at City Hall 225 Roger Patton Drive Olive Hill, KY 41164 or by phone 606.286.2192

Certification

I, the undersigned, hereby declare that the information provided on this form is true and correct to the best of my knowledge. I acknowledge the sales tax amount due, including any late payment penalties and interest charges.

Signature: _____ **Date:** _____

Title: _____ **Phone Number:** _____

For office use only:

Received by: _____

Date Received: _____

Amount Paid: \$ _____

Late Payment Penalty Applied: \$ _____

Interest Applied: \$ _____

Total Amount Paid: \$ _____