



CITY OF HAZARD MONTHLY RETURN OF RESTAURANT TAX

Company: _____
 Contact: _____
 Address: _____
 City, State, Zip: _____
 Phone: _____
 E-mail: _____

KY Sales Tax No.: _____
 Month Ending: _____
 1. Gross Receipts..... \$ _____
 2. Tax - 3% of Line 1..... \$ _____
 3. Penalty and/or Interest..... \$ _____
 4. Total Payment Due..... \$ _____

1. In accordance with the City of Hazard Ordinance Number 2025-03, the restaurant tax is based on 3% of gross sales of a restaurant's foods and non-alcoholic beverages in the city. The return should be filed even though no tax is due.
2. The tax is due on or before the 20th day of each month and is considered late if it is not received by the tourism office on or before the 20th.
3. For each 1-to-30-day period the report and the tax, or either, is past due, there shall be added as a penalty 2% of the tax due. There is a minimum penalty of \$10.00 regardless of the amount of tax due, if any.
4. Any person who violates the ordinance shall be fined not less then \$20.00 and not more than \$50.00 for each offense. Each 1-to-30-day period the tax is past due shall constitute a separate offense.

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

**RETURN MUST
BE SIGNED:**

_____/_____/_____
 Signature of Individual Preparing Return / Official Title / Date

**MAKE CHECK PAYABLE TO: CITY OF HAZARD
 MAIL CHECK, ORIGINAL RETURN AND COPY OF
 KY SALES TAX RETURN TO: P.O. BOX 420, HAZARD, KY 41702**