

CITY OF MAYFIELD

MONTHLY ABC REGULATORY REPORT

**MAKE CHECK PAYABLE TO
AND MAIL TO:**

**CITY OF MAYFIELD
211 EAST BROADWAY
MAYFIELD, KY 42066**

MONTH & DATE: _____

DUE DATE: _____

NAME _____
ATTENTION _____
ADDRESS _____
CITY STATE ZIP _____

LICENSE # _____

MONTH ENDING	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
*1 GROSS RECEIPTS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
FROM FOOD SALES	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
2* GROSS RECEIPTS	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
FROM ALCOHOL SALES	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
3 TAX DUE AT 6%	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
4 CREDIT FOR LICENSE	-83.33	-83.33	-83.33	-83.33	-83.33	-83.33	-83.33	-83.33	-83.33	-83.33	-83.33	-83.33
5 PRIOR BALANCE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
6 BALANCE DUE	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
7 TAX PAID	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
8 INTEREST PAID **	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
9 PENALTY PAID	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
10 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

