

Due Dates: Last day of the month following the month the tax was collected



City of Morgantown
Alcohol Regulatory Fee Return

Year: _____ Taxable Month: _____

Business Information:

Name of Business: _____ Phone: _____

Business Address: _____ E-mail: _____

City, State, and Zip: _____ Fax: _____

If this business is no longer in operation, please provide the date operation was terminated: _____

1. Total Gross Receipts of business in Morgantown (all receipts): \$ _____
2. Less receipts collected for non-taxable items (non-alcohol): (_____)
3. Taxable Receipts (Alcohol Sales) \$ _____
4. If KY sales tax is included in line 1. divide by 1.0918 _____
5. Multiply by 5% \$ _____
6. Interest 8% per annum after Due Date: \$ _____
7. Penalty*: \$ _____
8. **Total Taxes Due Including Interest & Penalty:** \$ _____

***PENALTY:** After (30) days from due date, 5% per month, not to exceed 25%. Minimum penalty amount \$10.
If no receipts were collected this month, mark "none" on line 5 and return this form with explanation. Notify City of Morgantown of any change in ownership.

Signature	Title	Date
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I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct, and complete to the best of my knowledge

- **A copy of this form must accompany your payment. You should retain a copy for your records.**
- **This return must be filed whether you had taxable receipts during this period or not.**
- **All businesses receiving this form MUST return a form.**

Instructions:

1. Enter the amount from Line 22 of the Kentucky Sales and Use Tax Form (for Morgantown locations only)
2. Enter total receipts from sale for non-alcohol items included in **Line 1**.
3. **Line 1** minus **Line 2**.
4. If sales tax amounts (KY sales tax) is included in your total gross receipts in **Line 1**, divide by **Line 3** by 1.0918
5. Multiply **Line 3** by .05
6. For each month or fraction thereof that the return or payment is late, add **Lines 3 & 4** and multiply by 8%
7. See Penalty Section and apply applicable penalties.
8. Enter the total of **Line 4, Line 5 and Line 6**

Send check payable to: City of Morgantown, PO Box 397, Morgantown, KY 42261
Contact Information: Robert McKee | 270-526-3557 | r.mckee@morgantownky.gov