

**City of Jackson**  
**Tourism Tax on Restaurant/Hotel Revenues**

Quarter Ending: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Name & Address of Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Total Revenue Collected From Sales      \$ \_\_\_\_\_

2. Actual Tax Collected at 3%                      \$ \_\_\_\_\_

3. Penalty 10%    \$ \_\_\_\_\_

4. Interest on Penalty (8% Per Annum)              \$ \_\_\_\_\_

**I HEARBY CERTIFY THAT THE INFORMATION AND STATEMENT CONTAINED  
HEREIN ARE TRUE AND CORRECT: (SIGN NAME AND GIVE TITLE)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS RETURN MUST BE FILED ON THE 30<sup>TH</sup> OF MONTH FOLLOWING QUARTER  
ENDED. PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:  
CITY OF JACKSON, 333 BROADWAY JACKSON, KY 41339**