

**CITY OF BEREA**  
**RETURN OF RESTAURANT TAX**

RT-280

**Make Checks Payable and Mail to:**  
**City of Berea Finance Department**  
**212 Chestnut Street**  
**Berea, KY 40403**  
Phone: (859) 986-7218

(Name and Address of Employer)

City Account #:

Change of Address

Employer EIN:					
Period Beginning:		Period Ending:		Due Date:	
1.	Gross Receipts				\$
2.	Restaurant Tax (Line 1 x 0.030)				\$
3.	Less Vendor Compensation (Line 2 x 0.020)				\$
4.	Restaurant Tax Due (Line 2 minus Line 3)				\$
5.	Penalty (Line 4 x 0.100 if paid after due date)				\$
6.	Interest (Line 4 x 0.005 per month or fraction thereof after due date)				\$
7.	Total Amount Due (Add lines 4, 5, and 6)				\$

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_