



Quarterly Return of Alcohol Beverage Regulatory Fee

Name of Licensee:	<input style="width: 95%;" type="text"/>	Phone:	<input style="width: 95%;" type="text"/>
Mailing Address:	<input style="width: 95%;" type="text"/>	Fax:	<input style="width: 95%;" type="text"/>
City, ST ZIP:	<input style="width: 95%;" type="text"/>	E-mail:	<input style="width: 95%;" type="text"/>
Property Address:	<input style="width: 95%;" type="text"/>		

- A. All licensees must file an alcohol beverage regulatory fee tax return each quarter *even if no tax is due* .
- B. Each sale of all alcoholic beverages are subject to a 5% regulatory license fee. (The fee is calculated on gross sales.)
- C. Alcohol beverage regulatory fee tax return and payment, if applicable, are due by the end of the month immediately following each calendar quarter: July 1 to September 30, due October 31; October 1 to December 31, due January 31; January 1 to March 31, due April 30; April 1 to June 30, due July 31.
- D. Any return and payment received after the due date will be assessed a penalty of 5% of the amount due, plus 8% interest per annum for each 90 days of non-payment, or fraction thereof. The total late filing penalty shall not exceed 25% of the tax; provided however, that in no case shall the penalty be less than \$10.
- E. Failure to submit quarterly return within ten days of the due date constitutes a violation and subjects the licensee to suspension or revocation.

COMPUTATION OF FEE

1. Gross Sales of all Alcoholic Beverages	<input style="width: 95%;" type="text"/>	License #:	<input style="width: 95%;" type="text"/>
2. Fee (5% of Line 1)	<input style="width: 95%;" type="text"/>	Quarter Ended	<input style="width: 95%;" type="text"/>
3. Penalty (if due) (5% of Line 4)	<input style="width: 95%;" type="text"/>		
4. Interest (if due) (8% per annum)	<input style="width: 95%;" type="text"/>		
5. TOTAL	<input style="width: 95%;" type="text"/>	Check #:	<input style="width: 95%;" type="text"/>
		Date:	<input style="width: 95%;" type="text"/>

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

Signature of individual preparing return:

Official Title: Phone:

Make check payable and mail to:	Scott County Treasurer	Phone: 502-863-7887
	P.O. Box 973	
Include copy of return	Georgetown, KY 40324	