

The City of Leitchfield Tourism Commission

MONTHLY RETURN OF HOTEL-MOTEL ROOM TAX

MONTH: _____

Business Name: _____

Contact Name: _____

Mailing Address: _____

.....

Computation of Tax

1. Gross Room Rentals	\$ _____
2. Less Permanent Guests	\$ _____
3. Taxable Rentals (line 1 minus line 2)	\$ _____
4. Tax (1% of line 3)	\$ _____
5. Penalty (10% per month or fraction for late Payment)	\$ _____
6. Interest (6% per annum from due date)	\$ _____
7. Total Payment	\$ _____

PENALTY & INTEREST MUST BE ADDED IF NOT PAID BY THE LAST DAY OF THE MONTH FOLLOWING THE PREVIOUS MONTH.

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

Return must be signed

Title/ Date

Total Rooms Available _____ Percent of Occupancy _____

MAKE CHECKS PAYABLE TO:

The City of Leitchfield
C/O City Treasurer
PO Box 398
Leitchfield, KY 42755-0398