

**City of Leitchfield Tourism and Convention Commission  
Monthly Return of Hotel-Motel Room Tax**

Month: \_\_\_\_\_

Business 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 10<sup>TH</sup> OF THE MONTH FOLLOWING  
THE END OF THE QUARTER.

Total Rooms Available \_\_\_\_\_ Percent of Occupancy \_\_\_\_\_

**MAKE CHECK PAYABLE TO:**  
THE CITY OF LEITCHFIELD  
C/O CITY TREASURER  
P.O. BOX 398  
LEITCHFIELD, KY 42755-0398

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

\_\_\_\_\_  
Returned Must be Signed

\_\_\_\_\_  
Official Title/Date