

CITY OF CENTRAL CITY
214 NORTH FIRST STREET
CENTRAL CITY, KENTUCKY 42330
270-754-2336 OR 270-754-5097
270-754-5745(FAX)

TONY ARMOUR, MAYOR
DAVID RHOADES, CITY ADMINISTRATOR
QUARTERLY RETURN OF TRANSIENT ROOM TAX

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

KENTUCKY STATE SALES TAX: _____

TOTAL ROOMS AVAILABLE: _____

FOR QUARTER ENDING: _____

1 AMOUNT OF GROSS RENTALS: \$ _____

(Enter the amount of income received from the rental of rooms and suites. Do not include any tax collected.)

2 ENTER TAX COLLECTED: \$ _____

(Enter 4% of line 1)

3 ENTER PENALTY AND/OR INTEREST: \$ _____

(Penalty = 10% monthly for late payment, interest = 12% per annum compounded)

4 TOTAL PAYMENT DUE: \$ _____

(Enter total of lines 2 and 3)

YOU MUST FILE A RETURN EVEN THOUGH NO TAX MAY BE DUE. ALL RETURNS ARE DUE WITHIN 30 DAYS FOLLOWING THE QUARTERS ENDING MARCH 30, JUNE 30, SEPTEMBER 30, AND DECEMBER 31. REPORT CHANGE OF OWNERSHIP OR ADDRESS IMMEDIATELY TO THE CITY CLERK'S OFFICE AND RETAIN ONE COPY FOR YOU FILE. ALL RETURNS MUST BE SIGNED.

I HEARBY CERTIFY THAT STATEMENTS MADE HEREIN AND ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature of individual for
Information contained herein

Title

Date

MAKE CHECKS PAYABLE TO THE CITY OF CENTRAL CITY TOURISM FUND AND MAIL IT TO THE ABOVE ADDRESS.