



City ID No: _____

Monthly Return of Transient Room Tax City of Elizabethtown, Kentucky

Month Ending: _____

Business Name and Address: _____

Elizabethtown, KY 42701

- | | |
|-----------------------|-------|
| 1. Gross Room Rentals | _____ |
| 2. Tax – 3% of Line 1 | _____ |
| 3. Penalty | _____ |
| 4. Interest | _____ |
| 5. Total Payment Due | _____ |

Make check or money order payable to: Director of Finance, City of Elizabethtown, Ky
PO Box 550
Elizabethtown, Kentucky 42702-0550

The return is due on or before the 30th of each month. A timely return must be filed, even if no sales were made or no tax is due.

Report changes of ownership or address immediately.

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

Signature of Individual Preparing Return

Official Title

Date

INSTRUCTIONS:

1. Enter the total amount of gross room rentals.
2. Multiply line 1 by .03.
3. If not paid by the 30th day following the last day of the month, multiply line 2 by 10%.
4. For each 30 days or fraction thereof that the return or payment is late, multiply line 2 by 2%.
5. Enter the total of line 2, line 3 and line 4.