



SIMPSON COUNTY TOURISM COMMISSION  
PO BOX 737 FRANKLIN, KENTUCKY 42135-0737

# LODGING TAX MONTHLY REPORT FORM

MONTH ENDING: \_\_\_\_\_ REPORT DUE BY 15TH OF FOLLOWING MONTH

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

- 1. GROSS ROOM RENTALS FOR MONTH \_\_\_\_\_
- 2. INTERMEDIARY TRAVEL RESERVATIONS \_\_\_\_\_
- 3. TAXABLE ROOM RENTALS FOR MONTH \_\_\_\_\_
- 4. TAX DUE FOR MONTH = 3% OF LINE 3 \_\_\_\_\_
- 5. UNPAID TAX FROM PREVIOUS MONTH(S) \_\_\_\_\_
  - a) PENALTY = 20% OF LINE 5 (UNPAID TAX) \_\_\_\_\_
  - b) INTEREST = 1% PER MONTH (12% PER ANNUM) \_\_\_\_\_
  - OF BOTH LINE 5 (UNPAID TAX) & LINE 5A (PENALTY) \_\_\_\_\_
- 6. TOTAL AMOUNT PAID \_\_\_\_\_
  - A. TOTAL NUMBER OF ROOMS RENTED FOR MONTH \_\_\_\_\_
  - B. TOTAL ROOMS AVAILABLE FOR MONTH \_\_\_\_\_
  - (# of Rooms: \_\_\_\_ X days in month \_\_\_\_)
  - C. PERCENT OF OCCUPANCY \_\_\_\_\_
  - (LINE A ABOVE (TOTAL ROOMS RENTED) DIVIDED BY LINE B ABOVE (TOTAL ROOMS AVAILABLE))
  - D. AVERAGE DAILY ROOM RATE \_\_\_\_\_
  - (LINE 1. ABOVE (GROSS REVENUE) DIVIDED BY LINE A ABOVE (TOTAL ROOMS RENTED))

- 1. FILE REPORT EVEN IF NO TAX IS DUE
- 2. FILL IN ALL APPLICABLE LINES
- 3. REPORT CHANGES OF OWNERSHIP OR ADDRESS IMMEDIATELY**

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS AND ANY SCHEDULES OR EXHIBITS ATTACHED ARE TRUE.

SIGNED: \_\_\_\_\_

OFFICIAL TITLE: \_\_\_\_\_  
(Owner, President, Treasurer, etc.)

DATE: \_\_\_\_\_

RETURN COPY TO: SIMPSON COUNTY TOURISM COMMISSION, PO BOX 737, FRANKLIN KY 42135