

Account # _____
License# _____

CITY OF WINCHESTER, KY

RECONCILIATION OF REVENUES
DERIVED FROM RENTAL OF PROPERTY
DURING LICENSE YEAR JANUARY 1, 2024 - DECEMBER 31, 2024
DUE BY JAN 31, 2025

NAME OF
OWNER(S) : _____
MAILING _____
ADDRESS: _____

PHONE
NO: _____ DATE: _____

TOTAL UNITS _____	ACTUAL AMOUNT YOU RECEIVED
1. GROSS REVENUE**	_____
2. EXEMPTION	<u>-\$5,000.00</u>
3. UTILITIES DEDUCTION**	_____
4. NET REVENUE (#1 LESS #2 & #3)	_____
5. LICENSE FEE (#4 X .0025)**	_____

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

SIGNATURE _____
(THIS FORM MUST BE SIGNED)

MAKE CHECKS PAYABLE TO CITY OF WINCHESTER

MAIL TO: CITY OF WINCHESTER
P.O. BOX 4135
WINCHESTER, KY 40392-4135

Account # _____
License# _____

CITY OF WINCHESTER, KY
RENTAL PROPERTY LOCATIONS

NAME OF OWNER(S) _____

ADDRESS OF PROPERTY	NO. OF UNITS	TOTAL ESTIMATED REVENUE	UTILITY DEDUCTIONS
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____
13. _____	_____	_____	_____
14. _____	_____	_____	_____
15. _____	_____	_____	_____
16. _____	_____	_____	_____
17. _____	_____	_____	_____
18. _____	_____	_____	_____
19. _____	_____	_____	_____
20. _____	_____	_____	_____
TOTALS (RECORD ON PAGE 2)	_____	(line 1)	(line 4)