

CITY OF WINCHESTER, KENTUCKY
MONTHLY RETURN OF TRANSIENT ROOM TAX

NAME _____ MONTH ENDING _____

MAILING ADDRESS _____

LOCATION (if other than mailing
address) _____

INSTRUCTIONS FOR PREPARATION OF RETURN:

1. File return even though no tax is due.
2. File return on or before the last day of the next month following the last day of each monthly period.
3. Attach a copy of the Kentucky Sales Tax return for each month.
4. Attach a copy of the canceled check for payment of the Kentucky Sales Tax.
5. Report immediately any changes in ownership or address.
6. Prepare this return in duplicate and retain one copy.

COMPUTATION OF TAX:

- | | |
|--|----------|
| 1. Total Rooms Available | _____ |
| 2. Gross Room Rentals | \$ _____ |
| 3. Tax (3% of Line 2) | \$ _____ |
| 4. Penalty (10% per month for late payment of tax) | \$ _____ |
| 5. Interest (1/2% for each month delinquency) | \$ _____ |
| 6. Total Payment | \$ _____ |

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

RETURN MUST

BE SIGNED

Signature of Preparer

Official Title

Printed Name

Date

MAKE CHECKS PAYABLE TO AND MAIL TO:

City of Winchester
Finance Department
P. O. Box 4135
Winchester, KY 40392-4135

859-744-1660 PHONE
859-744-7450 FAX
tbutler@winchesterky.com

Revised 07/06/2021
Room Tax Form.doc