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# SHELBY COUNTY FISCAL COURT



*"Good Land • Good Living • Good People"*  
419 Washington Street • Shelbyville, KY 40065  
(502) 633-7685

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**Accommodation Name** \_\_\_\_\_ **Month ENDING** \_\_\_\_\_

**Company Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Total Rooms Rented** \_\_\_\_\_

(Number of Rooms rented each day during the month)

**Total Rooms Available** \_\_\_\_\_

(Multiply the number of rooms available by the number of days in the month)

**Occupancy Rate** \_\_\_\_\_

(Divide total rooms rented by total rooms available)

**Room Receipts \$** \_\_\_\_\_

**Tax @ 3%** \$ \_\_\_\_\_

**Penalty** \$ \_\_\_\_\_

**Total** \$ \_\_\_\_\_

**(Penalty for late payment 12% per annum)**

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I HEREBY CERTIFY THAT THE STATEMENTS MADE HERIN AND IN ANY SUPPORTING SCHEDULE IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

**Signature** \_\_\_\_\_

**Print** \_\_\_\_\_

**Title** \_\_\_\_\_

**Date** \_\_\_\_\_

- YOU ARE REQUIRED TO FILE A RETURN EVEN THOUGH NO TAX MAY BE DUE.
- RETURN IS DUE NO LATER THAN THE 30<sup>TH</sup> DAY FOLLOWING THE MONTH IT WAS COLLECTED.
- ANY CHANGE OF ADDRESS OR OWNERSHIP SHOULD BE REPORTED IMMEDIATELY.
- MAKE SURE RETURN IS SIGNED AND DATED. KEEP A COPY FOR YOUR RECORDS.

**MAKE CHECK PAYABLE & MAIL TO: SHELBY COUNTY FISCAL COURT**  
**419 WASHINGTON ST**  
**SHELBYVILLE, KY 40065**

**OFFICE USE ONLY- DO NOT WRITE IN THIS BOX**

**DATE RECEIVED:** \_\_\_\_\_ **CHECK #:** \_\_\_\_\_ **VERIFIED:** \_\_\_\_\_

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**Rusty Newton**  
Occupational License Fee Administrator  
Phone: (502) 633-7685 Fax: (502) 633-7623 rusty.newton@shelbycoky.com  
Monday - Friday 8:30 am - 4:30 pm