

SHELBY COUNTY FISCAL COURT



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

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 \$ _____

Transient Room Tax @ 3% \$ _____

Convention Center Tax @ 1% \$ _____

Penalty \$ _____

Total \$ _____

(Penalty for late payment 12% per annum)

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 30TH 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: _____

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