

419 Washington Street • Shelbyville, KY 40065 (502) 633-7685

## Transient Room Tax Questionnaire

Accommodation Name:						
Accommodation Address: _						
Business Name:						
Business Address:						
Contact Name:	Contact Phone Number:					
Email Address:						
Website Address:						
Accommodation Type:	[] House	[] Hotel	[] Motel	[] Apartment	[] Other	
Number of Units / Rentals:						
Airbnb Number:	ımber: VRBO Number:					
Signature:			Date: _			
IMPORTANT THINGS TO REMEMBER						

- 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.