

**Monthly Return of Transient Tax
McCracken County Kentucky**

Hotel Name				
Street Address		City	St	
Mailing Address		City	St.	
Corporate Name				
Mailing Address		City	St.	

Month Ending: _____

- File return even though no tax due.
- Return is due on the 20th of the month following the month end.
- Report change of ownership or address immediately.
- Prepare this return in duplicate and retain one copy.
- **Enclose a copy of your sales usage tax form.**
- **Be sure to fill in the Month Ending of this report.**

1. Total rooms available	\$ _____
2. Percent of occupancy	\$ _____
3. Average room rate	\$ _____
4. Gross room rental	\$ _____
5. Permanent guest rentals	\$ _____
6. Taxable rental (subtract line 5 from line 4)	\$ _____
7. Tax (amount on line 6 multiplied by 0.06)	\$ _____
8. Interest on late payment (line 7 x by 0.07 per annum from due date)	\$ _____
9. Penalty on late payment (line 7 x by 0.10 per month or fraction thereof for late payment tax)	\$ _____
10. Total Amount Due (add line 7, 8 and 9)	\$ _____

Make payment payable to: Treasure of McCracken County
 McCracken County Courthouse
 301 South 7th Street
 Paducah, KY 42003

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

 Print or type name of individual preparing return

 Official Title

 Signature of individual preparing return

 Phone Number

 Date