

City of Richmond
Monthly Return of Hotel-Motel Room Tax

Name: _____ Month Ending: _____

Mailing Address: _____

Location (if other than mailing address): _____

Occupational License Fee Account Number: _____

INSTRUCTIONS FOR PREPARATION OF RETURN

1. File return even though no tax is due.
2. File return on or before the 20th of month following the month in which the tax is collected.
3. Report immediately by letter any changes of ownership or address.
4. Prepare this return in duplicate and retain one copy for your files.

COMPUTATION OF TAX

1. Total gross monthly revenue: _____
2. Tax (3% of Line 1): _____
3. Penalty (10% of Line 2 if paid late): _____
4. Interest (1% of Line 2 per month until paid): _____
5. Total payment due (Total of Lines 2, 3, and 4): _____

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

Date

MAKE CHECKS PAYABLE TO:

City of Richmond
P.O. Box 1268
Richmond, KY 40476-1268