

**HOTEL/MOTEL MONTHLY TAX RETURN
TRANSIENT ROOM TAX
(City Ordinance No. 6-84/County Ordinance No 2016-19)**

Remit Payment to:
**City of Hopkinsville
P. O. Box 707/715 South Virginia Street
Hopkinsville, Kentucky 42240**

Month Ending: _____ 2019

Name of Hotel/Motel: _____
Mailing Address: _____
Location: (if different from _____
mailing address) _____

A. Total Rooms Available _____
B. Percent of Occupancy _____
C. Average Room Rate _____

1. Gross Receipts from Room Rentals	\$	_____
2. Tax (3% of Line 1)	\$	_____
3. Tax (1% of Line 1)	\$	_____
4. Tax (2% of Line 1)	\$	_____
5. TOTAL TAX PAID	\$	_____

I do affirm that to the best of my knowledge, the above reported figures are true and accurate statements made for the taxable period herein.

Signature of Owner or Officer of
Corporation

Title

Date

*Payment of the Transient Room Tax is due 30 days from the end of each month. All taxes not received 30 days from the end of the month are subject to 10% penalty and 8% per annum interest.

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mailing address) _____

A. Total Rooms Available _____
B. Percent of Occupancy _____
C. Average Room Rate _____

1. Gross Receipts from Room Rentals \$ _____
2. Tax (2% of Line 1) \$ _____

I do affirm that to the best of my knowledge, the above reported figures are true and accurate statements made for the taxable period herein.

Signature of Owner or Officer of Corporation Title Date

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