Quarterly Return of Transient Room Tax
City of Frankfort, KY

Hotel Name			
Street Address		City	St
Mailing Address		City	St

Certificate No:	**Quarter Ending:**

- File return even though no tax is due.
- Return is due on the last day of the month following the quarters ending 3/31, 6/30, 9/30, 12/31.
- Report changes of ownership or address immediately.
- Prepare this return in duplicate and retain one copy.

1. Total rooms available . . . . . _____
2. Percent of occupancy . . . . . _____
3. Average room rate . . . . . $_____
4. Gross room rentals . . . . . $_____
5. Permanent guest rentals . . . . . $_____
6. Taxable rentals (subtract line 5 from line 4) . . . . . $_____
7. Tax – 4% of line 6 . . . . . $_____
8. Interest on late payment (1/2 of 1% per month from due date) . . . . . $_____
9. Penalty on late payment (10% of tax due) . . . . . $_____
10. **Total Amount Due** (add lines 7, 8, and 9) . . . . . $_____

Make checks payable and mail to :

City of Frankfort
License Fee Division
P O Box 697
Frankfort, KY 40602
Phone: 502-875-8504 Fax: 502-875-8502

I hereby certify that the statements made herein and in any supporting schedules are true, 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 | Date