

## Quarterly Return of Transient Room Tax City of Frankfort, KY

Hotel Name			
Street Address		City	St
Mailing Address		City	St

Certificate No:	Quarter Ending:
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- 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