

**MONTHLY RETURN OF TRANSIENT ROOM TAX
ESTILL COUNTY, KENTUCKY**

Certificate No. _____

Sales & Use Tax Permit No. _____

Month Ending _____

Property Name and Address:

1. File Return even if no tax is due.
2. Return due date is _____.
3. Report changes of ownership or address immediately.
4. Prepare this form and keep a copy.

Total Rooms Available: _____ 1. Gross Room Rentals (less State Sales Tax): \$ _____.

2. 3% Transient Room Tax: \$ _____.

3. Penalty and/or Interest: \$ _____.

4. Total Payment: \$ _____.

RETURN MUST BE SIGNED

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

Signature of Individual Preparing Return

Official Title

Date

Make Checks Payable and Mail to:

Estill County Fiscal Court
130 Main St. Room 101
Irvine, Ky 40336