

**CITY OF PIKEVILLE
QUARTERLY RETURN OF HOTEL-MOTEL ROOM TAX**

Name _____ Quarter Ended _____

Due Date _____

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 received in which 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. Gross Room Rentals (Less Sales Tax) | _____ |
| 2. Less Permanent Guest Rentals
(If you charge Sales Tax it's not Permanent) | _____ |
| 3. Taxable Rentals (Line 1 Minus Line 2) | _____ |
| 4. Tax (3% of Line 3) | _____ |
| 5. Penalty (5% per month-not to exceed 25%-
Minimum \$25.00) | _____ |
| 6. Interest 12% Per Annum | _____ |
| 7. Total amount due | _____ |
| 8. Occupancy Data | |
| Total Rooms Available _____ | Percent of Occupancy _____ |

I hereby certify, under penalty of perjury, that the statements made herein are **true, correct, and complete to the best of my knowledge.**

SIGNATURE OF TAXPAYER _____ **DATE** _____

****ALL RETURNS RECEIVED WITHOUT PROPER SIGNATURES WILL BE ASSESSED A \$20.00 SERVICE CHARGE.**

MAKE CHECKS PAYABLE TO:

City of Pikeville
Division of Tax Collection
243 Main Street
Pikeville Ky 41501
Phone (606) 437-5105
Fax (606) 444-5292