



LEE COUNTY TOURISM COMMISSION
MONTHLY RETURN
3% TRANSIENT ROOM TAX RETURN FORM

MONTH ENDING _____
Due by the 20th of following month

ACCOMMODATION NAME(S): _____

OWNER/CONTACT NAME: _____

MAILING ADDRESS: _____

PHONE: _____ WEBSITE: _____

EMAIL: _____ FACEBOOK: YES NO OTHER

Nights Rented: _____

Nights Available: _____

(Divide by Nights Rented)

= Percent Occupied During Month: _____

Example for 1 cabin:
17 nights rented = 56.6%
30 nights in month

Room Rentals before state sales tax: \$ _____

X 3% (transient room tax)

Tax Payable = _____

CERTIFICATION

(Signature must accompany returned document)

I hereby certify that the above information is a true and accurate account of information to the best of my knowledge.

Authorized Signature

ADDRESS PAYABLE TO:
Lee County Tourism Commission
P.O. Box 738
Beattyville, KY 41311