

CITY OF LA GRANGE KENTUCKY

MONTHLY RETURN OF TRANSIENT ROOM TAX

Name of Property: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City, ST ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

- A. All properties must file a transient room tax return each month even if no tax is due.
- B. Each room occupied is subject to 3% room tax. (There are NO exemptions for extended stays.)
- C. Transient room tax return and payment, if applicable, are due by the 15<sup>th</sup> of each month.
- D. Any changes in ownership or address must be reported in writing to the City Clerk immediately.
- E. Any return and payment received after the due date will be assessed a penalty of 10% of the amount due, plus 1% interest for each month of non-payment, or fraction thereof. Should there be any outstanding penalty or interest due upon receipt of tax payment, those penalties and interest will first be satisfied with the remaining applied to taxes owed.
- F. If return and payment is not received within 30 days of the due date, notice of non-receipt will be sent to the property owner of record by the City Clerk. The business will be given 30 days to file return. Failure to timely respond will result in a fine of \$100 per month or fraction thereof.

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COMPUTATION OF TAX

1. Gross Room Rentals \_\_\_\_\_

2. Tax (3% of Line 1) \_\_\_\_\_

3. Penalty (if due) (10% of Line 2) \_\_\_\_\_

4. Interest (if due) (1% of Line 2) \_\_\_\_\_

5. TOTAL \_\_\_\_\_

Month: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_

# Rooms Available \_\_\_\_\_

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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: \_\_\_\_\_

Phone: \_\_\_\_\_

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Make check payable and mail to: City of La Grange, City Clerk  
307 West Jefferson Street  
La Grange, KY 40031

Phone: (502) 222-1433

