

POWELL COUNTY TOURISM COMMISSION
MONTHLY RETURN
3% OVERNIGHT ACCOMMODATION TAX RETURN FORM

MONTH ENDING _____
Due by the 20th of following month

ACCOMODATION OWNER: _____

MAILING
ADDRESS: _____

PHONE: _____

EMAIL: _____

This section must be completed:

Total Rooms Available: _____

Total Nights Rented: _____

(Divided by Rooms available)

= Percent Occupied during Month: _____

Room Rentals before state sales tax: \$ _____

x 3% (overnight accommodation tax rate)

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 payments to the following:

Powell County Tourism Commission
PO Box 1028

Stanton, Kentucky 40380

606-663-1161

miranda@gopoco.org