

POWELL COUNTY TOURISM COMMISSION
3% OVERNIGHT ACCOMODATION TAX RETURN FORM
Monthly Return

Month Ending _____
Due by the 20th of the following month.

Accommodation Owner: _____

Mailing Address: _____

Phone: _____

Email: _____

This section must be completed:

Total Rooms Available (# of cabins x days in the month) _____

Total Nights Rented (# of cabin nights rented) _____

% Occupied during the Month (nights rented / rooms avail) _____

Room Rentals before 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 payment to the following:

Powell County Tourism Commission
PO Box 1028
Stanton, KY 40380