

## Grant County Transient Room Tax Return

Grant County Deputy Judge/Executive: Colton Simpson  
101 N Main Street, Suite 3  
Williamstown, Ky 41097  
(859) 823-7561

Account Number Issued by Grant County: \_\_\_\_\_

Please Select From the Following: Hotel \_\_\_ Motel \_\_\_ STRP \_\_\_ OTHER \_\_\_

Corporation Name: \_\_\_\_\_

Address: \_\_\_\_\_

DBA: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

FEIN: \_\_\_\_\_

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

Email: \_\_\_\_\_

Registered Agent/Manager: \_\_\_\_\_

TAX PERIOD: 1 2 3 4

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

- |                                                                                             |                 |
|---------------------------------------------------------------------------------------------|-----------------|
| 1. Total Number of Bedrooms in Property . . . . .                                           | _____           |
| 2. Total Number of Nights Sold This Tax Period, Including Permanent Guest Rentals . . . . . | _____           |
| 3. Total Gross Room Rental Receipts including Adjustments . . . . .                         | \$ _____        |
| 4. Adjustments Claimed (See Instruction #2 Below) . . . . .                                 | ( _____ )       |
| 5. Total Taxable Guest Rental Receipts (Diff. between lines 3 and 4) . . . . .              | \$ _____        |
| 6. Tax Due (3% of Line 5). . . . .                                                          | \$ _____        |
| 7. Penalty and/or Interest Due (See Instruction #5). . . . .                                | \$ _____        |
| 8. <b>Total Payment Due</b> (Line 6 plus line 7) . . . . .                                  | <b>\$ _____</b> |

I hereby certify that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### Instructions

- 1. When & Where to File:** The Transient Room Tax Return is due on a Quarterly Basis, on or before (1) April 30<sup>th</sup>, (2) July 31<sup>st</sup>, (3) October 31<sup>st</sup>, and (4) January 31<sup>st</sup>. If no taxes are due, please send a signed return. All returns should be mailed and made out to the **Grant County Tax Administrator**, at 101 N Main Street, Suite 3, Williamstown, Ky 41097.
- 2. Adjustments:** All adjustments must be listed and explained on the back of this form. Items already adjusted through Gross Room Rentals are not to be deducted again. Adjustments allowable are: Adjustments to room rates for complaints, etc., bad debts, complimentary rooms, coupons, discounts, front desk errors, guaranteed no shows not collected, and refunds.
- 3. Rate of Tax:** The Grant County Fiscal Court pursuant to KRS 91A.390 have levied a three (3) percent transient room tax to provide funds for the operation of the Grant County Tourism Commission.
- 4. Notice of Change in TAX ACCOUNT:** If any change to your Account occurs, notify the Grant County Tax Administrator.
- 5. Liability for Late or Incomplete Filing:** Any return postmarked after the deadline will be considered late and a penalty and interest may be charged at a rate of 12% per annum. A penalty of 10% of the amount of the unpaid tax may also be charged. Anyone who refuses or fails to pay this tax may be subject to a fine of not less than \$25 but no more than \$200 for each day the payment is due and not paid.