

**CITY OF FULTON, KENTUCKY  
MONTHLY RETURN OF TRANSIENT ROOM TAX**

NAME: \_\_\_\_\_ CERTIFICATE NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MONTH ENDING: \_\_\_\_\_

LOCATION (IF OTHER THAN MAILING ADDRESS)  
\_\_\_\_\_

1. File return even though no tax is due
2. Return is due 30 days following month for which report is made.
3. Report changes in ownership or address immediately.
4. Prepare this form in triplicate and retain one copy.

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A. Total Rooms available _____	1. Gross Room rentals \$ _____
B. Percent of Occupancy _____	Less:
C. Average room rate \$ _____	2. Permanent Guest rentals _____
Interest - 6% penalty for non-payment in 30 days.	3. Taxable rentals _____
Penalty - after 60 days amount of penalty will be computed each month.	4. Tax -3% of line 3 _____
	5. Penalty and/or Interest _____
	6. Total Payment _____
	7. Check No: _____, Date _____

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**RETURN MUST BE SIGNED:** 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 of Individual preparing form, Official Title and Date

**MAKE CHECKS PAYABLE TO :** TREASURER, CITY OF FULTON  
P O BOX 1350  
FULTON KY 42041