

STCC

*Stanton Tourism and
Convention Commission*

P.O. Box 370

Stanton, Kentucky 40380

Phone: (606) 663-6474

MONTHLY RETURN OF TRANSIENT ROOM TAX

Name: _____ Phone: _____

Address: _____

of Rooms _____ # of Nights Occupied _____ Avg. Room Rate _____

Email: _____

Month Ending: _____

1. The return must be filed even if no tax is due.
2. The tax is due on or before the twentieth (20th) of each month and is considered late if not received by STCC Office on or before the twentieth (20th).
3. Report changes of ownership or address immediately.
4. Prepare this form, retain a copy for your records and remit to STCC, P.O. Box 370, Stanton, KY 40380

Penalty: For each 1-to-30-day period the report and the tax, or either, is past due, there shall be added as a penalty 10% of the tax due. Said rate of interest, 1% for each month, shall be applied to the penalty accessed on the unpaid balance.

1. Gross Rentals before state sales tax: \$ _____
2. Tax – 3% of Line 1 _____
3. Penalties/Fines _____
4. Total Payment Due \$ _____

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

Return must be signed: _____
(Signature of the Individual Preparing Return) (Official Title) (Date)

Make checks Payable and Mail To: STCC or Stanton Tourism and Convention Commission