WOLFE COUNTY TOURISM COMMISSION
MONTHLY RETURN
3% TRANSIENT TAX RETURN FORM
MONTH ENDING: _____
Due by the 20th of the following month

ACCOMODATION NAME(S): _____
OWNER/CONTACT NAME: _____
MAILING ADDRESS: _____
PHONE: ( )_____ WEBSITE: _____
EMAIL: _____ Facebook: YES NO OTHER

Nights **rented**: _____
Divide by
Nights **available:** _____ =
Percent Occupied During Month _____%

Example for 1 cabin:

Nights rented: 17

Nights available: 30

30 divided by 17 = 56.6 Occupancy

Room Rentals before state sales tax: $_____
X 3% (transient room tax)
Tax Payable: = _____

CERTIFICATION

(Signature must accompany returned document)

I hereby certify that the above information is true and an accurate account of information to the best of my knowledge.

_____
Authorized Signature

ADDRESS PAYABLE TO:
Wolfe County Tourism Commission
PO Box 429
Campton KY 41301