

**MONTHLY RETURN - TRANSIENT ROOM TAX  
FOR  
CITY OF CAVE CITY, KENTUCKY**

NAME:.....

MONTH ENDING: .....

ADDRESS: .....

OCCUPATIONAL LIC. NO.: .....

MAILING ADDRESS IF OTHER THAN ABOVE:

1. File return even though no tax is due.
2. Return is due 20 days following the month for which the report is made.
3. Report changes of address or ownership immediately.
4. Prepare return in duplicate and retain one copy.

1. GROSS ROOM RENTALS:.....

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

2. TAX-4% OF LINE 1:.....

3. PENALTY:.....

.....  
Signature of preparer and title

TOTAL PAYMENT: .....

Date: .....

Return original report with check to:

PENALTY: 10% of tax due, if paid late, plus additional 2% for each month of delinquency or fraction thereof. Example: \$100.00 monthly tax unpaid for 12 months results in \$134.00 tax and penalty due.

CLERK-TREASURER  
CITY OF CAVE CITY  
103 DUKE STREET, P.O. BOX 567  
CAVE CITY, KENTUCKY 42127-0567