



LEE COUNTY TOURISM COMMISSION  
 MONTHLY RETURN  
 3% TRANSIENT TAX RETURN FORM  
 MONTH ENDING \_\_\_\_\_  
 Due by the 20<sup>th</sup> of following month

ACCOMMODATION NAME(S): \_\_\_\_\_

OWNER/CONTACT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ SOCIAL MEDIA \_\_\_\_\_

Number of Lodging Units \_\_\_\_\_  
 (Cabins, rooms, rental houses, Yurts)

Number of Camp Units \_\_\_\_\_  
 (RV, glamping, # of assigned tent camp areas)

Nights Rented: _____ Nights Available: _____ (Divide by Nights Rented) = Percent Occupied: _____
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Booked Transient Accommodation 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 a true and accurate account of information to the best of my knowledge.

\_\_\_\_\_  
 Authorized Signature

ADDRESS PAYABLE TO:  
 Lee County Tourism Commission  
 P.O. Box 738  
 Beattyville, KY 41311