

Powell County Tourism Commission



3% OVERNIGHT TRANSIENT ROOM TAX RETURN FORM
Monthly Return

Taxes for month of: _____
Due by the 20th of the following month.

Accommodation Owner: _____

Mailing Address: _____

Phone: _____

Email: _____

Total Cabins/Rooms Available (# of cabins/rooms X days in the month) _____

Total Campsites Available (# of campsites X days in the month) _____

Total Nights Rented (# of cabin/campsite nights rented) _____

% Occupied during the Month (nights rented divided by rooms/sites
available: _____

Total Cabin/Room/Campsite Rentals before sales tax (Gross): \$ _____

X 3% (.03) (Transient room tax rate)

Tax Payable to PCTC = \$ _____

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: _____

Forms can be submitted via mail or email:

Mail: Powell County Tourism Commission
PO Box 1028
Stanton, KY 40380

Scan & Email: info@gopoco.org

Payment can be made via CHECK ONLY at this time. Checks can be MAILED or DROPPED OFF at the Slade Welcome Center in person.

Please don't hesitate to reach out with any questions - Phone: 606-663-1161