

CITY OF BEREA

RETURN OF TRANSIENT ROOM TAX

TR-300

Make Checks Payable and Mail to:
City of Berea Finance Department
212 Chestnut Street
Berea, KY 40403
 Phone: (859) 986-7218

(Name and Address of Employer)

City Account #:

Change of Address

Employer EIN:					
Period Beginning:		Period Ending:		Due Date:	
1.	Gross Room Rental Receipts			\$	
2.	Less Permanent Guest Rental			\$	
3.	Taxable Rentals (Line 1 minus Line 2)			\$	
4.	Transient Room Tax (Line 3 x 0.030)			\$	
5.	Less Vendor Compensation (Line 4 x 0.020)			\$	
6.	Transient Room Tax Due (Line 4 minus Line 5)			\$	
7.	Penalty (Line 6 x 0.100 if paid after due date)			\$	
8.	Interest (Line 6 x 0.005 per month or fraction thereof after due date)			\$	
9.	Total Amount Due (Add lines 6, 7, and 8)			\$	

I hereby certify that the information and statements contained herein and any schedules or exhibits attached are true and accurate to the best of my knowledge.

Signature: _____ Title _____ Date _____