## TRANSIENT ROOM TAX RETURN

1. GROSS ROOM RENTALS
   ____________________________________________________________________

2. ADJUSTMENTS (attach explanation)
   ____________________________________________________________________

3. TAXABLE RENTALS
   ____________________________________________________________________

4. ROOM TAX (3% OF LINE 3)
   ____________________________________________________________________

5. INTEREST (10% PER ANNUM)
   ____________________________________________________________________

6. TOTAL DUE
   ____________________________________________________________________

A. # ROOMS AVAILABLE _____  B. % OF OCCUPANCY _____  C. AVG ROOM RATE _____

<table>
<thead>
<tr>
<th>ACCOUNT NUMBER</th>
<th>FOR MONTH ENDED</th>
<th>DUE ON OR BEFORE</th>
</tr>
</thead>
</table>

I hereby certify that all information and statements contained herein and any schedules or exhibits attached are true and correct.

Signed ___________________________  Title ___________________________

Date: ______________

MAKE CHECKS OR MONEY ORDER PAYABLE TO:

CITY OF GLASGOW

MAIL TO:  CITY OF GLASGOW
LICENSE FEE DIVISION
P.O. BOX 278
GLASGOW, KY 42142-0278