



Office of Tax Administrator
Tammy M. Hanlon

Tourism Tax on Hotel Room Revenues

Month _____ Day _____ Year _____

Name and Address _____

1. Total revenue collected on hotel rooms \$ _____
2. Actual tax collected at 3% \$ _____

I hereby certify that the information and statements contained herein are true and correct.

Sign name and title _____

This return must be filed on the 15th of each month.

Please make check or money order payable to:

City of Hazard

P.O. Box 420

Hazard, Kentucky 41702-0420

Sincerely,

Tammy M. Hanlon

Tammy M. Hanlon

Tax Administrator

City of Hazard, Kentucky