Cadiz–Trigg County Tourism Commission

Transient Room Tax – Monthly Reporting Form

PO Box 735 • Cadiz, KY 42211 Phone: 270-522-3892 • GoCadiz.com

MONTHLY TRANSIENT ROOM TAX REPORT

Month Being Reported: _____ Year: _____

Property Owner Name: _____
Rental Property Address: _____
Phone: _____ Email: _____

TAX CALCULATION

1	**Total Gross Rental Receipts for the Month** *(Include **ALL** short-term rental income — direct + platform)*	**$**
2	**Non-Taxable Receipts** (Rentals processed entirely through third-party platforms or management companies that remit taxes)	**$**
3	**Taxable Receipts** *(Line 1 minus Line 2)*	**$**
4	**Transient Room Tax Due** *(Taxable Receipts × 3%)*	**$**
5	**Penalty** *(5% of tax due for each month late; minimum* 25)	**$**
6	***Interest** *(1% per month or part month on unpaid tax)*	**$**
7	**TOTAL AMOUNT DUE** *(Add Lines 4 + 5 + 6)*	**$**

PAYMENT OPTIONS

By Mail: Cadiz–Trigg County Tourism Commission PO Box 735, Cadiz, KY 42211
In Person: Payments accepted during regular business hours at 5748 Hopkinsville Road
Checks payable to: Cadiz–Trigg County Tourism Commission

CERTIFICATION

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____ Date: _____

NOTES

- If you had **no direct rentals**, enter **0** on Line 1 and complete the certification section.
- If **all** rentals were processed through Airbnb, VRBO, or a management company, you may enter your gross receipts on Line 2 and owe no tax.
- Reports are due by the **15th** of each month.
- Payments are due by the **30th** of each month.
- **For Multiple Property Owners – Please fill out reverse side**

Supplemental Property Worksheet

This worksheet is for owners who manage **more than one rental property**, or who operate **campgrounds / RV parks** with multiple rentable sites. Please complete one line for each property, cabin, unit, campsite, or RV pad you are reporting for the month.

MULTIPLE PROPERTY RENTAL REPORTING
List each property included in your monthly report:

Property Name / Unit #	Physical Address	Number of Nights Rented This Month	Gross Receipts for This Property	Notes (optional)
_____	_____	_____	$_____	_____
_____	_____	_____	$_____	_____
_____	_____	_____	$_____	_____
_____	_____	_____	$_____	_____
_____	_____	_____	$_____	_____

If you need additional space, attach a second sheet.

B. CAMPGROUNDS & RV PARKS

If you operate a campground or RV park, please complete this section.

1. Total Number of Rentable Sites: _____

2. Total Number of Nights Rented (All Sites Combined): _____

3. Total Gross Receipts for All Sites: $_____

4. Notes or Special Circumstances (optional):

C. THIRD-PARTY PLATFORM CLARIFICATION

If any of the properties listed above are rented **exclusively** through a hosting platform or management company (Airbnb, VRBO, Vacasa, Evolve, etc.) that collects and pays your local transient tax please indicate below:

Property Name / Unit #	Platform or Management Company	All Rentals Through Platform? (Yes/No)
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Properties rented exclusively through a platform are **not taxable locally** and should be included in Line 2 on the front form.*

D. OWNER CERTIFICATION
I certify that the information provided for all listed properties is accurate for the month reported.

Signature: _____ **Date:** _____