



Louisville Metro Revenue Commission

**Monthly Transient Tax Return****2020**Form **TR1M****▼ INDIVIDUAL/ SOLE PROPRIETOR ▼**

Last name	First name	MI	Social Security Number

**▼ CORPORATION/ PARTNERSHIP ▼**

Legal name/ Business name	Federal ID Number

 **CHECK IF CHANGE IN ADDRESS IS BELOW**

Address (number and street)		Unit/Apt. no.	Account ID
City, town, or post office	State	Zip code	Month Ending
Email	Phone no.	Ext.	<b>RETURN STATUS</b> <input type="checkbox"/> No Activity for all properties <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return

**Complete Worksheet (Page 2) prior to completing  
"Tax Calculations"**

<b>Tax Calculations</b>	1.	Total Gross Room Sales (Total of Line E for all properties)	1.
	2.	Total Permanent Guest Sales (Total of Line F for all properties)	2.
	3.	Total Transient Room Sales (Line 1 minus Line 2)	3.
	4.	Transient Room Tax (Line 3 x .085)	4.
	5.	Payment made by online booking platform if applicable	5.
	6.	Total Tax Due (Line 4 - Line 5)	6.
	7.	Penalty and Interest (See Instructions)	7.
	8.	Total Amount Due (If Line 6 > Line 7 + Line 8)	8.
	9.	Overpayment to be Refunded	9.

<b>Online Booking Platform</b>	Name of online booking platform	Date platform started remitting tax
<b>*Attach "Transaction History – Gross Earnings" from online booking platform showing payment made, if applicable.*</b>		

**ELECTRONIC FILING**

Register for electronic filing. It is an easy, secure and convenient way to file and pay taxes on-line. For more information log on to <https://www.metrorevenue.org>

Continued on Page 2

**Complete the following worksheet for each property. If you have more than (2) properties to report on, make additional copies of page 2 and report the totals on page 1.**

<b>Property Information</b>	Name of Property		Total rooms available for rent	
	Owner		Operator	
Was there a change in ownership this month?	Name of New Owner			
<input type="checkbox"/> YES <input type="checkbox"/> NO	New Ownership Date		This payment records liability through	
<b>Number of Rooms Sold</b> ▶	A.	Transient (Group)	A.	
	B.	Transient (Individual)	B.	
	C.	Permanent Guest	C.	
	D.	Total Sold (Line A + Line B + Line C)	D.	
<b>Dollar Value of Rooms Sold</b> ▶	E.	Gross Room Sales	E.	
	F.	Permanent Guest Sales	F.	
	G.	Transient Room Sales (Line E – Line F)	G.	

  

<b>Property Information</b>	Name of Property		Total rooms available for rent	
	Owner		Operator	
Was there a change in ownership this month?	Name of New Owner			
<input type="checkbox"/> YES <input type="checkbox"/> NO	New Ownership Date		This payment records liability through	
<b>Number of Rooms Sold</b> ▶	A.	Transient (Group)	A.	
	B.	Transient (Individual)	B.	
	C.	Permanent Guest	C.	
	D.	Total Sold (Line A + Line B + Line C)	D.	
<b>Dollar Value of Rooms Sold</b> ▶	E.	Gross Room Sales	E.	
	F.	Permanent Guest Sales	F.	
	G.	Transient Room Sales (Line E – Line F)	G.	

<b>Sign Here</b>	I hereby certify, under penalty of perjury, that the information provided, and the attached supporting schedules are true, correct, and complete to the best of my knowledge.		
	Signature		Title
	Print Name		Date