



Louisville Metro Revenue Commission

Monthly Transient Tax Return

Do Not Duplex Form

TR1M_2018_V3.0

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
Email	Phone no.	Ext.

RETURN STATUS

No Activity for all properties

Amended Return

Final Return

Transient Cease Date

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

Tax Calculations			
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 (Line 6 + Line 7)	8.	

Online Booking Platform	Name of online booking platform	Date platform started remitting tax
	Attach statement of payment made by online booking platform if applicable	

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.

Property Information	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	
Number of Rooms Sold ▶	A.	Transient (Group)	A.	
	B.	Transient (Individual)	B.	
	C.	Permanent Guest	C.	
	D.	Total Sold (Line A + Line B + Line C)	D.	
Dollar Value of Rooms Sold ▶	E.	Gross Room Sales	E.	
	F.	Permanent Guest Sales	F.	
	G.	Transient Room Sales (Line E – Line F)	G.	

Property Information	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	
Number of Rooms Sold ▶	A.	Transient (Group)	A.	
	B.	Transient (Individual)	B.	
	C.	Permanent Guest	C.	
	D.	Total Sold (Line A + Line B + Line C)	D.	
Dollar Value of Rooms Sold ▶	E.	Gross Room Sales	E.	
	F.	Permanent Guest Sales	F.	
	G.	Transient Room Sales (Line E – Line F)	G.	

Sign Here	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