



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

<input type="checkbox"/> 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.	RETURN STATUS <input type="checkbox"/> No Activity for all properties <input type="checkbox"/> Amended Return <input type="checkbox"/> Final Return Transient Cease Date

Complete Worksheet 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.	Penalty and Interest (See Instructions)	5.	
6.	Total Amount Due (Line 4 and Line 5)	6.	

Complete the following worksheet for each property. If you have more than (3) properties to report on, make additional copies of page 2 and report the totals above.

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.

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>

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