

County Name POSEY

County Innkeepers Tax Return

To be filed with County Treasurer's Office

Amended Return

Federal Tax ID	State Tax ID	Period End Date	Due on or before the 20th day following the month collected.	
Entity Name			County Code	
Street	City		State	ZIP Code
Location Name	Enter Address if Different From Above			

Authorized Signature

I declare under penalties of perjury that this is a true, correct and complete return.

Date: _____

Phone Number: _____

Printed Name of Person Signing This Return

Title: _____

Total Receipts from Rental of Accommodations **A.** _____

Total Exempt Rentals of Accommodations **B.** _____

Net Taxable Receipts (Subtract Line B from Line A) **C.** _____

County Innkeepers Tax Due (Line C X Rate) **D.** _____

Collection Allowance 0.73%

Do Not Use this Line if the Payment is Late **E.** _____

Net Tax Due (Subtract Line E from Line D) **F.** _____

Penalty is Greater of \$5 or 10% of Line D (Plus Interest)

Use this line only if return is filed late **G.** _____

Adjustments – If this is a negative entry, use a negative sign.

(you must attach an explanation) **H.** _____

Amount Due (Total Lines F and G plus or minus H)..... **I.** _____

For annual interest rates see Department of Revenue Departmental Notice #3.

The permissible collection allowance rate is based on your annual tax liability for all locations in county last year.

- *If your annual liability did not exceed \$60,000 the permissible rate is 0.73%.*
- *If your annual liability was greater than \$60,000 but did not exceed \$600,000 the permissible rate is 0.53%.*
- *If your annual liability was greater than \$600,000 the permissible rate is 0.26%.*

Important: This form must be filed even though no tax is due.

Please file and remit payment to:

For Official Use Only