



**City of Morgantown**  
**Motel/Hotel Tax Return**

Year: \_\_\_\_\_

Quarter Due:  March 31  June 30  September 30  December 31

**Business Information:**

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
City, State, and Zip: \_\_\_\_\_ Fax: \_\_\_\_\_  
If this business is no longer in operation, please provide the date operation was terminated: \_\_\_\_\_

1. Total Gross Taxable Receipts  
in Morgantown: \$ \_\_\_\_\_
2. Actual Tax Due for  
Month at 1%: \$ \_\_\_\_\_
3. Interest 12% annum  
after Due Date: \$ \_\_\_\_\_
4. Penalty\*: \$ \_\_\_\_\_
5. **Total Taxes Due Including  
Interest & Penalty:** \$ \_\_\_\_\_

**\*PENALTY:** After (30) days from due date, 10% per month. Minimum penalty amount \$25 per day late.

If no receipts were collected this month, mark "none" on line 6 and return this form with explanation. Notify City of Morgantown of any change in ownership.

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

*I hereby certify, under penalty of perjury, that the statements made herein and in any supporting schedules are true, correct and complete to the best of my knowledge.*

- A copy of this form must accompany your payment. You should retain a copy for your records.
- **This return must be filed whether or not you had taxable receipts during this period.**
- **All businesses receiving this form MUST return a form.**

Payment should be made payable to:  
City of Morgantown, KY  
PO Box 397  
Morgantown, KY 42261

Contact information:  
[a.lee@morgantownky.gov](mailto:a.lee@morgantownky.gov)  
Phone: (270)526-3557  
Fax: (270)526-6295