



HOTEL – MOTEL TAX RETURN

CITY OF DEKALB, ILLINOIS

Statement of Tax Receipts Under the Provisions of

City of DeKalb, Municipal Code, Chapter 55, "Hotel-Motel Tax".

This return must be filed on or before the 15th day of the calendar month, succeeding the end of the monthly filing period. If the return is filed late, a penalty of 5% per month or part thereof is assessed.

Hotel/Motel Name: _____ Telephone _____

Hotel/Motel Address: _____

Operator (s) Name: _____

Name of individual, partnership, corporation or other entity filing this return and remitting the tax collected: _____

Principal Office Address: _____

City: _____ State: _____ Zip: _____

Number of rooms available for rent: _____

Illinois State Sales Tax Registration Number: _____

Collection Period: Month _____ Year _____

Receipts from room rental (excluding all room taxes):

1. Gross Receipts \$ _____

2. Deductions authorized:

a. Receipts from rooms rented
to persons exceeding 30
consecutive days \$ _____

b. Receipts from rooms rented
to person (s) owning or
operating the business \$ _____

c. Other deductions (itemize) \$ _____

3. TOTAL deductions: \$ _____

4. Taxable receipts (Item 1 less Item 3): \$ _____

- 5. Municipal Tax due (7.5 % of Item 4): \$ _____
- 6. ADD penalty (if delinquent) of 5% per month or any part thereof (multiply Item 5 x 5%) \$ _____
- 7. SUB TOTAL (Add Items 5 and 6) \$ _____
- 8. Deduct 2% of Item 5 only (your administration fee) \$ _____
- 9. TOTAL TAX DUE (subtract Item 8 from Item 7) \$ _____

Remittance: Payable to "CITY OF DEKALB".

Statement:

Under penalty as provided by law, I declare that I have examined this return, and to the best of my knowledge and belief it is true and correct.

Date: _____

Signature and Title

Typed or Printed Signature

Return to:

**City of DeKalb
Finance
164 E Lincoln Highway
DeKalb, IL 60115**

OFFICE USE ONLY

Date Received: _____

Check Number _____