

CITY OF SYCAMORE

308 W. State St.
Sycamore, IL 60178
815-895-4920

HOTEL/MOTEL TAX RETURN

STATEMENT OF TAX RECEIPTS UNDER THE PROVISIONS
OF THE CITY OF SYCAMORE, MUNICIPAL CODE,
CHAPTER 12, "Hotel/Motel Tax"

Hotel/Motel Name: _____
Hotel/Motel Address: _____
Telephone: _____
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: _____
Hotel Operator's Occupation Tax Number: _____
Illinois State Sales Tax Registration Number: _____

Period Filing for: Month: _____ Year: _____

Receipts from room rental (excluding all room taxes)

1. Gross Receipts: \$ _____
2. Deductions authorized:

- 1 Receipts from rooms rented
to person(s) exceeding 30
consecutive days: \$ _____
- 2 Receipts from rooms rented
to person(s) owning or
operating a business: \$ _____

3. Other deductions (itemize): \$ _____
3. TOTAL deductions: \$ _____
4. Taxable receipts (Item 1 less Item 3) \$ _____
5. Municipal Tax due (5% of Item 4) \$ _____
6. ADD penalty (if delinquent) of 5% per month or any part thereof (multiply Item 5 by 5%) \$ _____
7. SUB TOTAL (ADD Items 5 & 6) \$ _____
8. Deduct 2% of Item 5 only (administration fee) \$ _____
9. TOTAL TAX DUE (subtract Item 8 from Item 7) \$ _____

Remit payment to: **Finance Department**
City of Sycamore
308 W. State Street
Sycamore, IL 60178

Make check payable to the City of Sycamore.

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.

 Printed signature and title

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.