



CITY OF SYCAMORE, ILLINOIS
HOTEL/MOTEL TAX

FILING PERIOD

Hotel/Motel Name: _____ Hotel/Motel Address: _____
Name of individual or entity filing return: _____
City: _____ State: _____ Zip: _____ Telephone: _____ Email: _____
Occupation Tax Number: _____ Sales Tax Number: _____ Rooms for Rent _____

Receipts from room rental (excluding all room taxes)

- 1) Gross Receipts: _____
2) Deductions authorized:
a. Receipts from rooms rented to person(s) exceeding 30 consecutive days: _____
b. Receipts from rooms rented to person(s) owning or operating this hotel/motel: _____
c. Other deductions (itemize): _____
3) Total Deductions _____
4) Taxable receipts (Line 1 - Line 3) _____
5) Municipal Tax Due (5% of Line 4) _____
6) Add Penalty of 5% monthly (Line 5 * 5%) _____
7) Subtotal (Line 5 + Line 6) _____
8) Administration Fee (Line 5 * 2%) _____
9) Total Tax Due (Line 7 - Line 8) _____

Make Remittance Payable to: City of Sycamore
Return to: Finance Department (Hotel/Motel Tax)
308 W. State St Sycamore, IL 60178

Reminders:

*If your business is active but has no sales this month, a return is still required. Report all amounts as \$-0- in that case

*If your business has closed or been sold and this is a final return, check the box

Empty square box for final return indicator

FINAL RETURN

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

For more info, please refer to Sycamore Ordinance - Chapter 12 Hotel/Motel Tax - Link below:

https://codelibrary.amlegal.com/codes/sycamoreil/latest/sycamore_il/0-0-0-8149

Preparer Signature _____ Date: _____

Taxpayer Signature _____ Date: _____

Printed Name _____

Printed Name _____

OFFICE USE ONLY

Date Received: _____
P: _____
I: _____