

CITY OF EAST PEORIA

HOTEL AND MOTEL TAX RETURN

NAME OF BUSINESS _____	FILING MONTH - 20
ADDRESS _____ _____	JAN JUL _____
PHONE NUMBER _____	FEB AUG _____
ATTN: _____	MAR SEPT _____
ADDRESS: _____ _____	APR OCT _____
CITY, STATE, ZIP _____	MAY NOV _____
PHONE NUMBER _____	JUN DEC _____
	<u>DUE BY:</u> _____

1. TOTAL GROSS RECEIPTS FROM RENTAL OF ROOMS, EXCLUSIVE OF ANY TAXES	_____
2. DEDUCTIONS	
A. RECEIPTS FROM ROOMS RENTED TO PERSONS EXCEEDING 7 DAYS	_____
B. RECEIPTS FROM ROOMS RENTED TO PERSONS OWNING OR OPERATING BUSINESS	_____
3. TOTAL DEDUCTIONS	_____
4. TAXABLE RECEIPTS	_____
MULTIPLY TAXABLE RECEIPTS BY .06	_____ X 0.06 _____
5. AMOUNT OF HOTEL AND MOTEL TAX	_____
6. PENALTY OF 1% IF FILED LATE (SEE ABOVE NOTE)	_____
7. TOTAL TAX TO BE REMITTED (ADD LINES 5 & 6)	_____
ACCT. # 23-00-0-315	

UNDER PENALTY OF LAW, THE UNDERSIGNED STATE THAT THE ABOVE IS TRUE AND ACCURATE TO THE BEST OF HIS KNOWLEDGE AND IS TAKEN FROM THE BOOKS AND RECORDS OF THE BUSINESS FOR WHICH IT IS FILED.

SIGNATURE OF AUTHORIZED TAXPAYER

SIGNATURE OF PERSON PREPARING RETURN

REMITTANCE PAYABLE TO:
CITY OF EAST PEORIA

MAIL RETURN CHECK TO:
Terri Gualandi, City Treasurer
401 W. Washington Street
East Peoria, IL 61611