



HOTEL/MOTEL TAX RETURN

NAME OF TAXPAYER: _____

PLACE OF BUSINESS: _____

BUSINESS FEDERAL IDENTIFICATION #: _____

RETURN FOR THE PERIOD OF: _____

COMPUTATION OF TAX

For the Month of _____

| | |
|---|----------|
| 1. Total receipts | \$ _____ |
| 2. Deductions of receipts from permanent guests | \$ _____ |
| 3. Other deductions (ATTACH a detailed explanation) | \$ _____ |
| 4. Total deductions (item 2 plus item 3) | \$ _____ |
| 5. Net Receipts (item 1 less item 4) | \$ _____ |
| 6. Amount of Tax Due (item 5 X 5%) | \$ _____ |
| 7. Penalty (item 6 X .015 X 30 days or portion thereof OR \$20 whichever is larger) | \$ _____ |
| 8. Amount of tax due and penalty (item 6 plus item 7) | \$ _____ |
| 9. Amount to be paid | \$ _____ |

Taxpayer shall report and pay an amount based upon business subject to the tax during the filing period of this return.

CERTIFICATION

The undersigned certifies that the information set forth in this return is true and accurate, to the best of his knowledge and belief, and that the amounts shown were taken from the books and records of the business for which the return is made.

SIGNED: _____ TITLE: _____ DATE: _____

RETAIN ONE COPY AND MAIL ONE COPY TO THE CITY OF KEWANEE, ILLINOIS, FINANCE & ADMINISTRATION DEPARTMENT, 401 E. THRID ST., KEWANEE, ILINOIS, 61443. One copy of the State Tax Form should be enclosed. Direct any inquiries concerning the tax to (309) 852-2611.