

HOTEL AND MOTEL TAX RETURN



Village of North Utica • P.O. Box 188 • Utica, IL 61373
Phone: (815) 667-4111 • Fax: (815) 667-4679

Name of Business _____
Name of Owner _____
Business Address _____
City & Zip Code _____
Phone Number _____

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Tax Return For The Calendar Monthly Period Ending _____

1. Total Gross Receipts From Rental Of Rooms..... \$ _____
2. Deductions (Receipts from rooms rented to persons exceeding 30 days or receipts from rooms rented by persons owning or operating business)..... \$ _____
3. Taxable Receipts (Line 1 minus line 2)..... \$ _____
4. Total Tax Charges (Line 3 multiplied by 5% (.05))\$ _____
5. Add Penalty of 1.5% (.015) per thirty day (30) period or \$20.00 minimum if payment is late.....\$ _____
6. Total Tax Remitted (Line 4 plus line 5).....\$ _____

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The undersigned certifies that the information set forth in this return is true and accurate to the best of his/her 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 Date

Remittance Payable to: Village of North Utica
Mail/Bring Remittance & Tax Return to: Village of North Utica
248 W Canal St.
P.O. Box 188
North Utica, IL 61373

Note: Make a copy of this return for your files.