

City of PRINCETON

I L L I N O I S

HOTEL AND MOTEL TAX RETURN

| | |
|---|--|
| NAME OF BUSINESS: _____ ADDRESS: _____ CITY, STATE & ZIP CODE: _____ PHONE NUMBER: _____ | FILING MONTH JAN _____ JULY _____ FEB _____ AUG _____ MAR _____ SEPT _____ APR _____ OCT _____ MAY _____ NOV _____ JUNE _____ DEC _____ FILING YEAR _____ |
| OWNER OR BUSINESS _____ ADDRESS: _____ CITY, STATE & ZIP CODE: _____ PHONE NUMBER: _____ | |

Note: This return must be filed on or before the 30th day of the calendar month succeeding the end of the monthly filing period. If the return is filed late, a penalty of 1% per month is assessed. This penalty must be entered on line 6 below, and must accompany tax remittance.

| | | |
|---|-----------|---|
| 1. TOTAL GROSS RECEIPTS FROM RENTALS OF ROOMS, EXCLUSIVE OF ANY TAXES | \$ | |
| 2. DEDUCTIONS: | | |
| A. RECEIPTS FROM ROOMS RENTED TO PERSONS EXCEEDING 29 DAYS | \$ | |
| B. RECEIPTS FROM ROOMS RENTED TO PERSONS OWNING OR OPERATING BUSINESS | \$ | |
| 3. TOTAL DEDUCTIONS - SUM OF LINE 2A + 2B | \$ | - |
| 4. TAXABLE RECEIPTS (LINE 1 LESS LINE 3) | \$ | - |
| A. MULTIPLY TAXABLE RECEIPTS BY 0.05 | \$ | - |
| 5. AMOUNT OF HOTEL AND MOTEL TAX DUE FOR MONTH (LINE 4A) | \$ | - |
| 6. PENALTY OF 1% IF FILED LATE (REFER TO ABOVE NOTE) | \$ | |
| 7. TOTAL TAX TO BE REMITTED (ADD LINES 5 AND 6) | \$ | |

Under penalty of law, the undersigned states that the above 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 - Authorized Tax Payer

Signature - Person Preparing Return

MAIL RETURN WITH CHECK TO: CITY OF PRINCETON, 2 S. Main Street, Princeton, IL 61356