

HOTEL/MOTEL SALES TAX RETURN-Worksheet



CITY OF ROCKFORD
425 East State Street
Rockford, IL 61104

Under penalties provided by Law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

- | | |
|---|----------|
| 1. Total gross receipts from room rental | \$ _____ |
| 2. Less receipts for permanent guests (same room for more than 30 consecutive days) | \$ _____ |
| 3. Net receipts | \$ _____ |
| 4. Multiply line 3 by tax rate 1% (.01) ... Hotel/Motel Tax | \$ _____ |
| 5. Multiply line 3 by tax rate 5% (.05) ... Hotel Operator's Occupation Tax--Tourism | \$ _____ |
| 6. Add lines 4 and 5 ... Total Tax Due | \$ _____ |

TAXPAYER'S COPY

(RETURN THIS SECTION WITH FINAL RETURN ONLY)

INSTRUCTIONS FOR FILING

1. This return is due on or before the last day of each month in which Hotel/Motel rentals are made.
2. The law provides for significant financial penalties for late filing or failure to file this return.
3. Make check payable to: **City of Rockford**
4. Enclose the check and the top section of the return in the enclosed envelope. Keep the taxpayer's copy for your records.
5. Be sure to put postage on the envelope or the Post Office will not deliver it.

FINAL RETURN

If the business had been discontinued and/or no longer incurs liability for tax place a cross (X) in the square and answer the following.

| | | |
|--|----------------------------------|-------|
| <input type="checkbox"/> Business Sold | New Owner's Name | _____ |
| <input type="checkbox"/> Business Discontinued | New Owner's Residence Address | _____ |
| Date: _____ | Former Owner's Residence Address | _____ |

RETURN THIS PORTION WITH YOUR CHECK MADE PAYABLE TO:



CITY OF ROCKFORD
Local Tax Collection Section
425 East State Street
Rockford, IL 61104-1068

HOTEL/MOTEL SALES TAX RETURN

BUSINESS # _____

PERIOD ENDING _____

- | | |
|---|----------|
| 1. Total gross receipts from room rental | \$ _____ |
| 2. Less receipts for permanent guests (same room for more than 30 consecutive days) | \$ _____ |
| 3. Net receipts | \$ _____ |
| 4. Multiply line 3 by tax rate 1% (.01) ... Hotel/Motel | \$ _____ |
| 5. Multiply line 3 by tax rate 5% (.05) ... Hotel Operator's Occupation Tax--Tourism Tax | \$ _____ |
| 6. Add lines 4 and 5 ... Total Tax Due | \$ _____ |

Under penalties provided by Law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

(Signature)

Title _____

Date _____