

CITY OF HIGHLAND

HOTEL & MOTEL USE TAX RETURN

Statement of Tax Receipts under the provisions of Ordinances #1546 & #2149

NAME OF BUSINESS:

NAME OF OWNER OR OPERATOR(S): (Name of Individual, Partnership, Corporation or other entity filing this return and remitting the tax collected.)

LOCATION OF HOTEL/MOTEL: (Give exact street address)

, HIGHLAND, ILLINOIS 62249

PRINCIPAL OFFICE ADDRESS:

NUMBER OF ROOMS
AVAILABLE FOR RENT:

TAX RETURN FOR MONTH OF:

(Tax Due Within 30 days of Ending Date Set Forth Above)

COMPUTATION OF TAX:

FOR PERIOD BEGINNING: _____ AND ENDING: _____

1. Receipts from room rental: \$ _____
(excluding all room taxes)

2. Deduction for receipts from permanent guests: \$ _____

3. Net Receipts: (Item #1 less Item #2): \$ _____

4. Amount of City Tax (5% of Item #3): \$ _____

5. Add Penalty (if delinquent) (1 1/2% per month) \$ _____

6. Total Tax Due: (Items #4 and #5): \$ _____

7. Total Tax Paid to State of Illinois for Same Period: \$ _____

TAX MUST BE PAID DIRECTLY TO THE CITY OF HIGHLAND WITH THIS RETURN.

I, the undersigned, certify that the information set forth in this return is true and accurate to the best of my knowledge.

Signature: _____ Title: _____

Date: _____

RETURN ONE COPY OF THIS FORM WITH YOUR REMITTANCE TO:

City of Highland
Tourism & Convention Fund
PO Box 218
Highland, IL 62249