



HOTEL/MOTEL TAX RETURN

For the Period: _____, _____
(Month) (Year)

Corporate Name of Hotel/Motel Taxpayer: _____

Business Name (D/B/A): _____

Local address of business: _____

1. Total Rent charged: _____
2. Applicable Tax Rate (6%): _____ x .06
3. Amount of Tax Due: _____

LATE FILING CHARGES (if applicable):

If paid after the last day of the month following the month charged, interest and late penalties are to be included:

4. **2% Interest** charge per month for each month tax payment is late: _____ (Line 3 x .02 per late mo.)
[per Municipal Code Sec. 25.13-11(a)]
5. **5% Late Penalty:** _____ (Line 3 x .05)
[per Municipal Code Sec. 25.13-11(b)]
6. **Total Due:** _____ (Sum of Lines 3 through 5)

CERTIFICATION

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

Date: _____

Signed: _____

Name: _____

Submit form & payment to:

Title: _____

Town of Normal

Phone: _____

Finance Dept.

P.O. Box 589

Normal, IL 61761

Corporate Address (if different from above):

