



# Village of North Utica

P.O. Box 188 - North Utica, IL 61373  
Phone: 815-667-4111 Email: village@utica-il.gov  
Fax: 815-667-4679 Web-Site : www.utica-il.gov

## HOTEL AND MOTEL TAX RETURN

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  
801 S. Clark Street  
P.O. Box 188  
North Utica, IL 61373

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