

CITY OF O'FALLON, ILLINOIS
Office of the City Treasurer
255 S. Lincoln Ave.
O'Fallon, IL 62269

HOTEL AND MOTEL USE TAX RETURN

STATEMENT OF TAX RECEIPTS UNDER THE PROVISIONS OF ORD. 1824
MUNICIPAL CODE OF O'FALLON

Name of Operator(s) _____
(Name of individual, partnership, corporation, or other entity filing this return and remitting the tax collected)

Location of Hotel or Motel _____

Number of rooms available for rent _____

Principal Office Address _____

Tax return for the month of _____

1. Receipts from room rental (excluding all room taxes)
2. Deduction for receipts from permanent guests
3. Other deductions (itemize)
4. Net receipts (Item 1 less items 2 and 3)
5. Amount of Municipal Tax due (5% of Item 4)
6. Penalty (if delinquent) 1.5% per month or portion thereof
7. Total tax due (Items 5 and 6)

Indicate the method used for filing your State tax return (Form RHM-1)

Gross Receipts Gross Billing

****COPY OF STATE TAX RETURN TO BE ATTACHED WITH FORM.**