



CITY OF O'FALLON
HOTEL/MOTEL TAX RETURN
Ordinance #3446 (Effective 10/1/2006)

Month/Year of Collection: \_\_\_\_\_

Due Date: On or before the last day of the following month

Business Name (DBA)
Business Location

Payee Name (Corporate/Company)
Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

COMPUTATION OF HOTEL/MOTEL TAX LIABILITY

- 1. Taxable Base (Line 7 of IL Dept of Rev form RHM-1 or RHM-7 multi-site) \$ \_\_\_\_\_
2. State Tax (Line 8 of IL Dept of Rev form RHM-1 or RHM-7 multi-site) \$ \_\_\_\_\_
3. Taxable Receipts net of all taxes (Line 1 - Line 2) \$ \_\_\_\_\_
4. Municipal Tax Liability (Line 3 \* .05) \$ \_\_\_\_\_
5. 10% Late Filing Penalty (Line 4 \* .10) \$ \_\_\_\_\_
6. Interest for late filing - 1.25% each month from date of delinquency: # Months \_\_\_\_\_
Line 4 \* .0125 \* # Months listed above \$ \_\_\_\_\_
7. Total Tax and Penalties Due (add lines 4, 5, and 6) \$ \_\_\_\_\_

I hereby affirm that the information presented in this return is taken from the books and records of the above named business and is true and correct to the best of my knowledge.

Signature of Taxpayer Date

Signature of Preparer Date

Phone #

Phone #

Email Address

Email Address

- Make the check payable to: City of O'Fallon
Submit the form and payment on line at www.ofallon.org (Pay My Bill) OR
Mail this completed & signed form, the check and a copy of IL Dept of Rev Form RHM-1 and RHM-7 (where applicable):

City of O'Fallon
Finance Department
255 South Lincoln
O'Fallon, IL 62269