



CITY OF O'FALLON
HOTEL ACCOMMODATION TAX RETURN
Ordinance #3966 (Effective 1/1/2017)

Month/Year of Collection: _____

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

Business Name (DBA)
Business Location

Corporate Name
Mailing Address

Phone: _____

Contact: _____

Phone: _____

Contact: _____

COMPUTATION OF HOTEL ACCOMMODATION TAX LIABILITY

- | | | |
|---|---|----------|
| 1. Taxable Base (Line 7 of IL Dept of Rev form RHM-1 or RHM-7 multi-site) | | \$ _____ |
| 2. Permanent Residents | + | \$ _____ |
| 3. State Tax (Line 8 of IL Dept of Rev form RHM-1 or RHM-7 multi-site) | - | \$ _____ |
| 4. Taxable Receipts (Line 1 + Line 2 - Line 3) | = | \$ _____ |
| 5. Municipal Tax Liability 9% (Line 4 * .09) | | \$ _____ |
| 6. Late Filing Penalty 10% (Line 5 * .10) | | \$ _____ |
| 7. Late Filing Interest - 1.50% each month from date of delinquency: # Months _____ | | |
| Line 5 * .015 * # Months listed above | | \$ _____ |
| 8. Total Tax and Penalties Due (add lines 5, 6, and 7) | | \$ _____ |

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, a list of 3rd party operators 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