

CITY OF DECATUR

Hotel Use Tax Return

Pursuant to Decatur City Ordinance No. 2007-52, 2002-63 & 81-24

Name/Local Address of Hotel

Filing Month _____

Illinois Business Tax (IBT) # _____

Corporate Name/Mailing Address (if different)

Computation of Hotel Use Tax Liability

1. Total receipts from room rentals (Do not include taxes) _____
2. Exemption: Total receipts for permanent guests
(Same room for 30 or more consecutive days) _____
3. Taxable receipts from room rentals (Line 1 minus line 2) _____
4. 6% Hotel Tax (Line 3 x .06) _____
5. Penalty for **late payment** (Line 4 times 2% per month) _____
6. **Total Tax to be remitted** (Add lines 4 and 5) _____

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

Signature of Taxpayer

Signature of Preparer

Title

Company Name

Date Signed

Telephone Number

Date Prepared

Telephone Number

****TAX DUE IN THE FINANCE OFFICE BEFORE THE LAST DAY OF THE MONTH FOLLOWING THE FILING MONTH****

➤ Make Check Payable To: **City of Decatur**

➤ Mail this completed and signed return along with payment for the amount shown on line 6 to:

City of Decatur Auditor
#1 Gary K Anderson Plaza
Decatur, IL 62523

Questions? Call 217-424-2854
City website and tax forms:
www.ci.decaturn.il.us