

HOTEL MOTEL ROOM USE TAX RETURN

Pursuant to City of Waukegan Ordinance #81-0-135



FOR: _____
(Month/Year)

NAME OF HOTEL/MOTEL: _____

EXACT STREET ADDRESS: _____

- A. Total Revenue from Room Rentals for Calendar Month .. \$ _____
- B. Less Permanent Residence Income \$ _____
- C. Less Adjustments (attach itemized sheet) \$ _____
- D. Net Taxable Receipts \$ _____
- E. 6% Tax Due \$ _____
- F. Penalty (1% if filed after due date) \$ _____
- G. Total Tax Due \$ _____

Tax is due on or before the last day of the succeeding month, i.e. January returns are due on or before the last day of February.

Failure to accurately and timely report Hotel/Motel Tax may result in penalties, including but not limited to fines and legal proceedings.

I hereby affirm that the statements herein contained are true and correct to the best of my knowledge and belief:

Signature of Authorized Agent/Owner

Print Name of Authorized Agent/Owner

Signature of Tax Preparer

Print Name & Title of Preparer

Mailing Address of Preparer

Telephone Number of Preparer

Remit Tax Payment to - The City of Waukegan
Attn: Licensing Department
100 N. Martin Luther King Jr. Ave.
Waukegan, IL. 60085
Telephone # 847-856-6425
Fax # 847-599-2584