



CITY OF ZION
2828 SHERIDAN ROAD
ZION, ILLINOIS 60099
847-746-4012

HOTEL/MOTEL ROOM USE TAX RECEIPTS
STATEMENT OF TAX RECEIPTS

under the provision of Article VI, Section 86 of the Municipal Code of the City of Zion



Hotel/Motel Name: _____

Hotel Address: _____

Office Address: _____

Operator Name: _____

Location of Records: _____

Tax Return Covering Calendar Months: _____

The returns shall be due on or before the 15th day of the calendar month succeeding the end of the quarterly filing period and the return shall indicate for what period the return is to be filed; i.e. return for January, February, and March tax receipts due on or before April 15th. At the time of filing said tax returns, the owner shall pay the City Clerk all taxes due for the period of which the tax return applies.

FOR COMPUTATION OF TAX - Sect. 86-132 (a) - The tax shall be levied and imposed upon all persons who occupy rooms regardless of length of stay.

- a. Total revenue from room rentals _____
- b. Less property manager's unit if applicable (see below, limited to 1 unit) _____
- c. Net taxable receipts _____
- d. **5% tax due** _____
- e. Penalty (10% per quarter on amount of unpaid tax) _____

TOTAL AMOUNT DUE _____

Property Manager's Name: _____ Unit #: _____

Length of Employment: _____ Manager's Soc. Sec. No. _____

I (we) hereby swear (or affirm) that the statements herein contained are true and correct to the best of my (our) knowledge and belief.

Signature _____
Date

(The acceptance by the City of the amount shown herein, is without prejudice to any claim, demand or right to additional money due for such tax)

For Office Use Only:

Date Received: _____ Receipt No.: _____ Amount Received: _____