

CITY OF ST. CHARLES
TWO EAST MAIN STREET
ST. CHARLES, ILLINOIS 60174-1984



DEPARTMENT: FINANCE

PHONE: (630) 377-4456

FAX: (630) 377-4487

HOTEL OPERATOR'S OCCUPATION TAX RETURN

For Month Ending _____, _____

Statement of Tax Receipts under the Provision of Section 3.32 of the City of St. Charles Municipal Code

Name of Hotel/Motel _____

Taxes must be paid prior to the last day of the calendar month subsequent to the month of collection.

For Office Use Received _____ Paid \$ _____ Receipt # _____

Computation of Tax:

- 1 Gross rental receipts from renting, leasing or letting rooms, including State and City Tax: 1 _____
- 2 Less Exemptions:
 - a. Permanent residents' receipts: _____
 - b. City Tax added to guests' billings: _____
 - c. Other Exemptions (Attach Explanation): _____Total Exemptions: 2 _____
- 3 Taxable Receipts (Item 1 minus Item 2): 3 _____
- 4 94% of Item 3: 4 _____
- 5 Gross Tax (5% of Item 4): 5 _____

All Figures Are Subject To Audit

I hereby affirm that the statements herein contained are taken from the books and records of the above listed establishment and are correct to the best of my knowledge.

Dated this _____ day of _____, _____.

Signature _____

Name (Please Print) _____

Title _____