

County of Moultrie, Illinois  
Moultrie County Treasurer  
10 S. Main, Suite 10  
Sullivan, Illinois 61951

## HOTEL AND MOTEL OPERATOR'S OCCUPATION TAX RETURN

Name of Business: \_\_\_\_\_

Name of Owner or Operator(s): \_\_\_\_\_  
(Name of individual, partnership, corporation, or other entity filing this return and remitting the tax collected.)

Residence Address of Owner or Operator(s): \_\_\_\_\_

Location of Hotel or Motel: \_\_\_\_\_  
(Give exact street address) (City) (Zip Code)

Number of rooms available for rent: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_  
\_\_\_\_\_

Tax Return for the month of: \_\_\_\_\_

Tax due within 30 days of ending date set forth above.

Computation of Tax for period beginning \_\_\_\_\_ and ending \_\_\_\_\_

- |   |          |
|---|----------|
| 1. Receipts from room rental (excluding all room taxes) | \$ _____ |
| 2. Deduction for receipts from permanent guests         | \$ _____ |
| 3. Other deductions (itemize)                           | \$ _____ |
| 4. Net receipts (item 1 less items 2 and 3)             | \$ _____ |
| 5. Amount of County Tax (5% of item 4)                  | \$ _____ |
| 6. Add penalty (if delinquent) 1-1/2 % per month        | \$ _____ |
| 7. Total Tax Due (items 5 and 6)                        | \$ _____ |
| 8. Total Tax paid State of Illinois for same period     | \$ _____ |

Tax must be paid directly to County Treasurer at the time of payment to the State of Illinois of the State Hotel-Motel Tax Liability.

The undersigned certifies that the information set forth in this return is true and accurate to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

PLEASE KEEP A COPY AND RETURN ORIGINAL FORM TO:  
MOULTRIE COUNTY TREASURER  
10 S. MAIN, SUITE 10  
SULLIVAN, ILLINOIS 61951