



City Of Urbana
HOTEL-MOTEL TAX RETURN

NAME OF HOTEL/MOTEL

PERIOD COVERED BY THIS RETURN

Hotel/Motel Tax #: _____

COMPUTATION OF TOTAL PAYMENT DUE:

(1) Gross receipts from rental of rooms (exclusive of any taxes)..... (1) _____

EXEMPTIONS

(2) Receipts from rooms rented to persons owning or operating the business..... (2) _____

(3) Receipts from rooms rented to persons exceeding thirty (30) consecutive days..... (3) _____

(4) Total exemptions authorized (sum of Lines 2 and 3)..... (4) _____

(5) Taxable receipts (Line 1 minus Line 4)..... (5) _____

COMPUTATION OF TAX DUE

(6) Receipts from rooms rented to persons for Conventions. A convention is a meeting, conference, exhibition, or the like with respect to which a block or group of 20 or more rooms are reserved or contracted for in advance of the convention by a single sponsoring entity or group..... (6a) _____

Complete the following information for rooms rented for conventions:
(Attach additional sheets for more than one convention)

Name of Sponsoring Entity _____

Dates of Room Rentals _____ Amount of Receipts from Rental _____

Number of Rooms Rented _____

(6b) Tax due and payable (Line 6a multiplied by .07)..... (6b) _____

(7) Other Taxable Receipts /Non Convention Receipts (Line 5 minus amount entered on Line 6a)..... (7a) _____

(7b) Tax due and payable (Line 7a multiplied by .07)..... (7b) _____

(8) Total Hotel-Motel Tax due and payable (sum of Lines 6b and 7b)..... (8) _____

(9) Add penalty of 1% per month, or portion thereof, if filed late (multiply Line 8 by .01)..... (9) _____

NOTE: Payment and return are due on the 15th of the month for the preceding month. Penalties are assessed at a rate of one percent (1%) per month, or portion thereof, for as long as the payment and return remains

(10) Total payment due (sum of Lines 8 and 9)..... (10) _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is "true, correct, and complete." Declaration of Preparer (other than taxpayer) is based on all information of which Preparer has knowledge.

Signature

Title

Phone

Date

Signature of Preparer, if other than Taxpayer

Title

Phone

Date

Mail Payment and Form To: City of Urbana 400 S Vine St Urbana, Illinois 61801

Questions contact: (217) 384-2448 or Finance@urbanaininois.us

FOR CITY OF URBANA USE:

Check #

Date Received: