



# Hotel/Motel Use Tax Return

(Pursuant to City of Collinsville Ordinances 2077, 2136, 2242 and 3805)

Return for the Month and Year of: \_\_\_\_\_

Name of Establishment: \_\_\_\_\_

FEIN: \_\_\_\_\_ IBT: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

- 1. Room Rental Revenue: \_\_\_\_\_
- 2. Less Permanent Resident Receipts: \_\_\_\_\_
- 3. Less Other Deductions (Include explanation on back of form): \_\_\_\_\_
- 4. Net Taxable Receipts (*Line 1 - Line 2 - Line 3*): \_\_\_\_\_
- 5. Total Tax Due (*Line 4 X 7%*): \_\_\_\_\_
- 6. Penalty (*Line 5 X 5%, if delinquent*) \_\_\_\_\_
- 7. Interest (*Line 5 X 2% X number of months delinquent*) \_\_\_\_\_
- 8. Total Tax Due (*Line 5 + Line 6 + Line 7*) \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Authorized Official Date Print Name and Title of Authorized Official

\_\_\_\_\_  
Signature of Preparer Date Print Name and Title of Preparer

\_\_\_\_\_  
Telephone Number of Preparer

\_\_\_\_\_  
Mailing Address of Preparer

Tax is due on or before the 30th day of the calendar month succeeding the end of the monthly filing period.

Attach a copy of Illinois Retailer's Sales and Use Tax or Hotel Operator's Tax returns for the monthly filing period.

Please call (618) 346-5200 if you have any questions or need assistance completing this return.

Remit to :

**City of Collinsville  
Department of Finance  
125 South Center Street  
Collinsville, IL 62234**