



City of Collinsville
 125 S. Center St
 Collinsville, IL 62234
 618-346-5200

Hotel Motel Accomodation Tax Return

Pursuant to Collinsville Municipal Code Section 3.18.020 and 3.18.030

Finance Department

Phone: 618-346-5200 ext 1142

Fax: 618-346-1662

Filing Period _____

Name of Business _____

This return and the tax due must be filed and paid **by the last day** of the calendar month following the filing month.
 All forms are required at payment to guarantee NO Late Penalties.

Email all forms to: staffaccountant@collinsvilleil.org

All payments must be made on-line at: <https://public.pointandpay.net/vweb/partner/cityofcollinsvillefandb>

Computation of Tax Liability

1. **Adjusted Taxable Receipts** _____ 1. _____
(for most businesses this will be Line 7 of RHM-1)
2. **Add Permanent Residents** _____ 2. _____
3. **Miscellaneous Non-Taxable Deductions** _____ 3. _____
(provide detail on separate page)
4. **Subtotal - add line 1 & 2, subtract line 3** _____ 4. _____
5. **9% Hotel/Motel Tax** _____ 5. _____
Multiply Line 4 by 9% (.09)
6. **Interest for Late Payment/Underpayment or Nonpayment** _____ 6. _____
Multiply Line 5 by 0 if paid by the last day of the month
 Multiply Line 5 by 10% (.10) if paid from the 1st and 10th days of the month
 Multiply Line 5 by 15% (.15) if paid from the 11th and 20th days of the month
 Multiply Line 5 by 20% (.20) if paid on or after the 21st day of the month
7. **Late Filing Penalty** _____ 7. _____
Multiply Line 5 by 5% (.05) if paid on or after the 1st of the month.
8. **Amount of Tax Payable to City of Collinsville** _____ 8. _____
(Add Lines 5, (6 & 7 if applicable)

CHECKLIST

- | | |
|-----------------------|---------------------|
| Fill out all lines | Sign Form |
| Attach RHM-1 or RHM-7 | Make Online Payment |
| Attach Line 3 Details | Email all forms |

- Business has closed, this is the final tax return.
 No business was conducted during above period

All Figures Are Subject To Audit

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

 Signature (or type full name if filling out on computer)

Date: _____

Name: _____

Title: _____

Email: _____

Phone: _____

This form may be duplicated by local establishments for tax payment purposes.