



HOTEL OCCUPANCY TAX RETURN

FOR CALENDAR QUARTER: _____

Statement of Tax Receipts under the Provision of Ordinance No. 715-91 of the Municipal Code of the Village of Itasca.

Name of Hotel/Motel _____

Address _____

Name of Operator _____

COMPUTATION OF TAX:

- | | |
|--|----------|
| 1. Gross Room Rental Receipts | \$ _____ |
| 2. Gross Tax – 5% | \$ _____ |
| 3. Economic Incentive Credit (if applicable) | \$ _____ |
| 4. Total Amount Due (Line 2 minus Line 3) | \$ _____ |

Remittances are required quarterly. Taxes must be paid on or before the 15th day of the month immediately, following the quarter for which the return is being filed.

Please return original form with your remittance to Village Hall, attn: Village Clerk.

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 true and correct to the best of my knowledge.

DATED this _____ day of _____, 20_____

By _____

Title _____