

**County of Jo Daviess, Illinois
Jo Daviess County Treasurer
330 North Bench Street
Galena, Illinois 61036**

HOTEL AND MOTEL USE TAX RETURN for MULTI SITES

Statement of Tax Receipts under the provisions of Title 2, Chapter 6, of the Jo Daviess Code:

Name of Business: _____ E-mail: _____

Name of Owner or Operator(s): _____ Phone: _____

Address: _____ Zip: _____

Principal Office Address if different from above: _____

Total Number of Rooms Available for Rent: _____

Occupancy Formula: Total Rooms sold in the month divided by total rooms available = Occupancy Rate
Occupancy Rate _____

Tax Return for Month of: _____

PAYMENT MUST BE RECEIVED IN THE TREASURER'S OFFICE ON OR BEFORE THE LAST BUSINESS DAY OF EACH CALENDAR MONTH.

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 minus item 2 and item 3)..... | \$ _____ |
| 5. Amount of County Tax (5% of Item 4)..... | \$ _____ |
| 6. Add penalty (if delinquent) 1.5% per month..... | \$ _____ |
| 7. Total Tax due (Item 5 plus Item 6)..... | \$ _____ |
| 8. Total tax paid to the State of Illinois for same period | \$ _____ |

TAX MUST BE PAID DIRECTLY TO THE COUNTY TREASURER MONTHLY UNLESS SPECIFICALLY AUTHORIZED TO FILE QUARTERLY, SEMI-ANNUALLY OR ANNUALLY, PAYMENTS IN ACCORDANCE WITH 35 ILCS 145/6 ILLINOIS REVISED STATUTES.

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

Signature & Title _____ Date _____

RETURN ONE COPY WITH YOUR REMITTANCE TO: JO DAVIESS COUNTY TREASURER
330 NORTH BENCH STREET
GALENA, IL 61036

Hotel/Motel Use Tax Multi-Site Schedule

Name of Business _____ Payment Period _____

Identify each site where you provide service and figure your tax due for that site.

Parcel ID Number: _____

Name _____

Address _____ Phone _____

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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 minus item 2 and item 3) \$ _____
 5. Amount of County Tax (5% of Item 4) \$ _____
 6. Add penalty (if delinquent) 1.5% per month \$ _____
 7. Total Tax due (Item 5 plus Item 6) \$ _____

Parcel ID Number: _____

Name _____

Address _____ Phone _____

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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 minus item 2 and item 3) \$ _____
 5. Amount of County Tax (5% of Item 4) \$ _____
 6. Add penalty (if delinquent) 1.5% per month \$ _____
 7. Total Tax due (Item 5 plus Item 6) \$ _____

Parcel ID Number: _____

Name _____

Address _____ Phone _____

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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 minus item 2 and item 3) \$ _____
 5. Amount of County Tax (5% of Item 4) \$ _____
 6. Add penalty (if delinquent) 1.5% per month \$ _____
 7. Total Tax due (Item 5 plus Item 6) \$ _____

Sheet # _____ of _____ Copies may be made of this sheet.

Total each parcel on this sheet and add the totals together for Item 1 on the sheet for Multi Sites.