

# CITY OF DECATUR

## Hotel Use Tax Return

Pursuant to Decatur City Ordinance No. 2007-52, 2002-63 & 81-24

Name/Local Address of Hotel

Filing Month \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illinois Business Tax (IBT) # \_\_\_\_\_

Corporate Name/Mailing Address (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Computation of Hotel Use Tax Liability

- |  |       |
|--|-------|
| 1. Total receipts from room rentals (Do not include taxes)                                       | _____ |
| 2. Exemption: Total receipts for permanent guests<br>(Same room for 30 or more consecutive days) | _____ |
| 3. Taxable receipts from room rentals (Line 1 minus line 2)                                      | _____ |
| 4. 6% Hotel Tax (Line 3 x .06)   | _____ |
| 5. Penalty for <b>late payment</b> (Line 4 times 2% per month)                                   | _____ |
| 6. <b>Total Tax to be remitted</b> (Add lines 4 and 5)   | _____ |

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this form is true, correct and complete.

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Telephone Number

**\*\*TAX DUE IN THE FINANCE OFFICE BEFORE THE LAST DAY OF THE MONTH FOLLOWING THE FILING MONTH\*\***

➤ Make Check Payable To: **City of Decatur**

➤ Mail this completed and signed return along with payment for the amount shown on line 6 to:

City of Decatur Auditor  
#1 Gary K Anderson Plaza  
Decatur, IL 62523

Questions? Call 217-424-2854  
City website and tax forms:  
[www.decaturl.gov](http://www.decaturl.gov)