



CITY OF SYCAMORE, ILLINOIS HOTEL/MOTEL TAX

FILING PERIOD

Hotel/Motel Name: _____

Hotel/Motel Address: _____

Name of individual or entity filing return: _____

City: _____ State: _____ Zip: _____ Telephone: _____ Email: _____

Occupation Tax Number: _____ Sales Tax Number: _____ Rooms for Rent _____

Receipts from room rental (excluding all room taxes)

1) Gross Receipts: _____

2) Deductions authorized:

- a. Receipts from rooms rented to person(s) exceeding 30 consecutive days: _____
- b. Receipts from rooms rented to person(s) owning or operating this hotel/motel: _____
- c. Other deductions (itemize): _____

3) Total Deductions _____

4) Taxable receipts (Line 1 - Line 3) _____

5) Municipal Tax Due (5% of Line 4) _____

6) Add Penalty of 5% monthly (Line 5 * 5%) _____

7) Subtotal (Line 5 + Line 6) _____

8) Administration Fee (Line 5 * 2%) _____

9) Total Tax Due (Line 7 – Line 8) _____

Make Remittance Payable to: City of Sycamore

Return to: Finance Department (Hotel/Motel Tax)

308 W. State St Sycamore, IL 60178

Reminders:

*If your business is active but has no sales this month, a return is still required. Report all amounts as \$0- in that case

*If your business has closed or been sold
and this is a final return, check the box

FINAL RETURN

Statement: Under penalty as provided by law, I declare that I have examined this return and to the best of my knowledge and belief is true and correct.

For more info, please refer to Sycamore Ordinance - Chapter 12 Hotel/Motel Tax - Link below:

https://codelibrary.amlegal.com/codes/sycamoreil/latest/sycamore_il/0-0-0-8149

Preparer Signature

Date:

Taxpayer Signature

Date:

Printed Name

Printed Name

OFFICE USE ONLY

Date Received: _____

P: _____

I: _____