



# CITY OF DECATUR

## Hotel Use Tax Return

Pursuant to Decatur City Code Chapter 51.5  
Amendment Approved Feb. 5th, 2024



Name/Local Address of Hotel  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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  
(Same room for 30 or more consecutive days) \_\_\_\_\_
- 3. Taxable receipts from room rentals (line 1 minus line 2) \_\_\_\_\_
- 4. 8% Hotel Tax (line 3 x .08) \_\_\_\_\_
- 5. Penalty for **late payment** (line 4 times 10% per month)  
**If paid after the 20<sup>th</sup>** of the month for the previous month \_\_\_\_\_
- 6. **Total Tax to be remitted** (Add lines 4 through 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

**DUE: 20th 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 4 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)