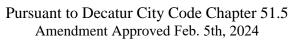


## **CITY OF DECATUR**

## Hotel Use Tax Return





Name/Local Address of Hotel		Filing Month		
		Illinois Business Tax (IBT) or HM#	) #	
Corporate Name/M	failing Address (if different)			
	Computation of H	Iotel Use Tax Liability		
1. Total receipts from	m room rentals (Do not include ta	axes)		
_	receipts for permanent guests or more consecutive days)			
3. Taxable receipts f	rom room rentals (line 1 minus li	ine 2)		
4. 8% Hotel Tax (lin	e 3 x .08)			
	syment (line 4 times 10% per mo e month for the previous month	nth) If paid # of Months		
6. Total Tax to be r	remitted (Add lines 4 through 6)			
Under penalties as prois true, correct and con	vided by law, I declare that to the	best of my knowledge and belie	ef, the information on this form	
is true, correct and cor	inpiece.			
Signature of Taxpayer		Signature of Preparer	Signature of Preparer	
Title		Company Name		
Date Signed	Telephone Number	Date Prepared	Telephone Number	
	DUE: 20th of the mont	h following the filing mont	h.	
Make Check	Payable To: City of Decatur			
Mail this cor	npleted and signed return alon	g with payment for the amo	ount shown on line 4 to:	
City of Decatur Auditor #1 Gary K Anderson Plaza		_	Questions? Call 217-424-2854 City website and tax forms:	

www.decaturil.gov

Decatur, IL 62523