



Naperville

HOTEL/MOTEL OCCUPANCY Tax Return Form

Due Date: **On or before the 15th day of the month following the end of the quarterly filing period**

Tax Period Covered by Report: 1st Qtr. 2nd Qtr. 3rd Qtr. 4th Qtr.
Other _____ Year _____

Payee Name (Corporate/Company)
And Address (Mailing Address):

Business Name (DBA)
And Address (Business Location):

Phone: _____

Phone: _____

COMPUTATION OF TAX LIABILITY

1. Gross Taxable Room Rent for Period	\$ _____
2. Tax on Gross Sales – 5.5% (Line 1 x \$0.055)	\$ _____
3. Late payment Interest (1.5% per month, if paid after due date)	\$ _____
4. Late payment Penalty (5% of the amount of tax due)	\$ _____
5. Total Tax, Interest, and Penalty Due (add Lines 2, 3, and 4)	\$ _____

Under penalties of perjury and other penalties provided by law I declare that I have examined this return and to the best of my knowledge and belief it is true correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Signature of Preparer _____ Date _____

Signature of Taxpayer _____ Date _____

Preparer Phone Number: _____

Please mail this completed return and a check in the amount shown on line 5 to:

City of Naperville
400 S. Eagle Street
Naperville, IL 60540
Attn: Finance Dept. Hotel/Motel Tax
Phone: 630-420-4115