



**CITY OF JACKSONVILLE**  
**HOTEL / MOTEL TAX-REPORT FORM**

Name of Operator \_\_\_\_\_

**DBA** \_\_\_\_\_

Address \_\_\_\_\_

Address of Principal Place of Business \_\_\_\_\_

Illinois Tax Number \_\_\_\_\_ Number of Rooms **Available** \_\_\_\_\_

Number of Rooms Rented  
During Liability Month \_\_\_\_\_

**REPORT FOR THE MONTH OF** \_\_\_\_\_, **20**\_\_\_\_\_

1. Total amount of rental receipts received during preceding calendar month; renting, leasing or letting hotel / motel rooms with the City of Jacksonville. \$ \_\_\_\_\_
  
2. Total rental receipts from renting, leasing or letting hotel or motel rooms to permanent residents – that is, to persons renting a hotel / motel room for more than thirty (30) calendar days or working or living in the same hotel. \$ \_\_\_\_\_
  
3. Gross rental receipts for the month (Line 1 minus Line 2). \$ \_\_\_\_\_
  
4. Hotel / Motel Tax for City of Jacksonville (8% of Line 3). \$ \_\_\_\_\_
  
5. Delinquent payment assessed @ 1% per 30 days or portion thereof after due date, which is the last day of the calendar month succeeding the month for which this report is filed. \$ \_\_\_\_\_
  
6. Payment due to the City of Jacksonville for Hotel / Motel Tax for the month of \_\_\_\_\_ (if any-Line 4 plus Line 5). \$ \_\_\_\_\_

**Payments are to be made by the last day of the calendar month following the month for which this report is made.**

Signature of Reporter \_\_\_\_\_ Date: \_\_\_\_\_