



## Hotel/Motel Accommodations Tax Return Form

Collection Period: \_\_\_\_\_  
Quarter Ending (month/year)

### Business Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Completing Return: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Computation of Tax Liability:

1. Gross Revenues for the Quarter	\$ _____
2. Less: Revenues From Permanent Residents*	\$ _____
3. Taxable Total (line 1 less line 2)	\$ _____
4. Tax Rate	X 5%
5. Tax Due (line 3 multiplied by line 4)	\$ _____

I certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Signature & Title

\_\_\_\_\_  
Date

The Village must receive your remittance by the 20<sup>th</sup> of the month following the quarter ending when the taxes were collected. If the 20<sup>th</sup> of the month falls on a Sunday or holiday when the Village is closed, payment must be received by the next business day. However, a payment by mail must be postmarked no later than the 20<sup>th</sup> of the month. If payment is not remitted when due, a penalty at a rate of 2% per month on the amount of tax which remains unremitted shall be added. Attach this form and a copy of the Illinois Department of Revenue Sales Tax Form for the corresponding quarter with your remittance.

Please return the completed form and a check made payable to: **Village of Plainfield**  
**Attn: Finance Dept.**  
**24401 W. Lockport Street**  
**Plainfield, IL 60544**  
**Phone: 815-609-6106**  
**Fax: 815-436-1950**

\*"Permanent Residents" are defined by Ordinance 1941 as any person who occupies or has the right to occupy any room or rooms in a hotel for at least sixty (60) consecutive days.