



**HOTEL/MOTEL  
TAX REPORT FORM**

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

Address: \_\_\_\_\_

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

Illinois Tax Number: \_\_\_\_\_ Number of Rooms: \_\_\_\_\_

REPORT FOR THE MONTH OF \_\_\_\_\_

- 1. Total amount of rental receipts received during preceding calendar month, renting, leasing or letting hotel or motel rooms within the City of Geneva..... \$ \_\_\_\_\_
- 2. Total rental receipts from renting, leasing, or letting of hotel/ motel rooms to permanent residents – that is, to persons renting a hotel or motel room for room for more than thirty (30) calendar days or working or living in the same hotel or motel..... \$ \_\_\_\_\_
- 3. Gross rental receipts for the month (Line 1 minus Line 2)..... \$ \_\_\_\_\_
- 4. Ninety-four Percent (94%) of Line 3 (Multiply Line 3 by 0.94)..... \$ \_\_\_\_\_
- 5. Hotel/Motel Tax Due (Multiply line 4 by 5% (.05))..... \$ \_\_\_\_\_
- 6. Penalties and Interest if **Paid After the Due Date:**
  - a. Late Filing Penalty (Multiply line 5 by 5% (.05))..... \$ \_\_\_\_\_
  - b. Late Payment Penalty (Multiply line 5 by 5% (.05))..... \$ \_\_\_\_\_
  - c. Interest (Multiply line 2 by 0.137% (.00137) per day if late)... \$ \_\_\_\_\_
  - d. Total Penalties and Interest Due (Add lines 6a, 6b, & 6c)..... \$ \_\_\_\_\_
- 7. Total Due the City of Geneva (Add lines 5 and 6d)..... \$ \_\_\_\_\_

I hereby affirm that the information presented in this report form is taken from the books and records of the above named hotel/motel and is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Reporter

\_\_\_\_\_  
Date

Authority for Hotel/Motel Tax Collection under City of Geneva Code Ch. 1-9B. Authority for late payment penalties and interest under City of Geneva Code Sec. 1-11-9.

Payments to be made by the last day of the calendar month for which this report is made. Return form and payment to: City of Geneva, Finance Department, 15 South First Street, Geneva, IL 60134