



HOTEL / MOTEL TAX MONTHLY TAX RETURN FORM

Village of Carol Stream

For The Month Ending: _____

Payer Name (Corporate/Company)
and Address (Mailing Address):

Business name (DBA)
and Local Address (Business Address):

CALCULATION OF TAX LIABILITY

1. Total Gross Room Revenue	\$ _____
2. Less: Exempt Room Revenue	\$ _____
3. Total Taxable Revenue (line 1 minus line 2)	\$ _____
4. Total Tax Due (line 3 multiplied by 5.0%)	\$ _____
5. Late Penalty* (1.0% of line 4)	\$ _____
6. Total Amount Due (line 4 plus line 5)	\$ _____

A late penalty of 1.0% of taxes due (line 4) is due if tax return and payment are not postmarked or received by the Village by the **last day of the month following the month for which taxes are collected. If the last day of the month falls on a holiday or weekend, the next Village business day shall be the due date for purposes of assessing penalties.*

Under the 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 contains information that is true, correct and complete. I further certify that the information reported herein, is taken from the books and records of the business for which this return is filed.

Signature and Title of Preparer

Telephone

Date

E-mail

The Completed tax return and payment should be mailed to:

Village of Carol Stream
Attn: Finance Department
500 N Gary Ave
Carol Stream, IL 60188

Questions regarding the Hotel and Motel Tax should be directed to the Finance Department at 630.665.7050