



United City of Yorkville

County Seat of Kendall County

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HOTEL & MOTEL USE TAX RETURN

STATEMENT OF TAX RECEIPTS UNDER PROVISIONS OF ORDINANCE 91-07

RETURN FOR THE PERIOD OF : _____

Location Name & Address:

Mailing Address:

COMPUTATION OF TAX: RECEIPTS FROM ROOM RENTAL (Excluding all room taxes):

1. Total receipts \$ _____
2. Deduction for permanent/resident guest \$ _____
3. Other deduction (list separately) \$ _____
4. Total deductions (lines 2 & 3) \$ _____
5. Net receipts (line 1 through 4) \$ _____
6. Amount of tax due (line 5 x 0.03 (3%)) \$ _____
7. Interest if tax paid late (1% per mth. ___ X ___ mths.) \$ _____
8. Penalty if paid late (10% of line 6) \$ _____
9. Amount due (line 6 or line 6 + lines 7 & 8 when applicable) \$ _____

Is the method used for filing your State of Illinois Hotel & Motel tax return the same as the method used for filing this return? YES _____ NO _____ (If no explain)

I certify that the information contained in this report has been prepared under my supervision, has been reviewed by me and is correct to the best of my knowledge.

Signature: _____ Title: _____ Date: _____

For Office Use Only: Amount paid _____ Check # _____ Date _____ Init. _____