

## FINANCE DEPARTMENT

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5300
desplaines.org

## HOTEL-MOTEL OPERATOR'S OCCUPATION TAX

## Monthly Remittance Form PURSUANT TO CITY CODE 5-47

Month/Year		Due Date:	Due Date:	
Of Collection:		25 <sup>th</sup> DAY OF THE FOLLOWI	25th DAY OF THE FOLLOWING MONTH	
Payee Name, Address & Telephone		Local Business Name, Addre	Local Business Name, Address & Telephone	
	s Business Tax (IBT) Number			
For De	es Plaines Business Location (from ST-	1):		
Under	penalties of perjury and other penalt	ies provided by law, I declare that I have exai	mined this return and	
to the	best of my knowledge and belief it is	true, correct and complete. I further declare	that the information	
set for	rth is taken from the books and record	ds of the business for which this return is filed	l.	
Signature of preparer Date		e Signature of taxpayer	Date	
		TION OF HOTEL/MOTEL TAX LIABILITY		
1)	Gross Receipts from rental quarters, Rooms, or housekeeping rentals mir	. •		
	Paid and other deductions.	as taxes		
	(Worksheet RHM- 1, Line 7 minus lir	ne 8) \$		
2)	Des Plaines Hotel-motel Tax (M-96-0	07)		
	Line 1 X 7% (.07)	\$		
3)	O'Hare Corridor Privilege Tax (M-66-	-06)*		
	Line 1 X 4% (.04)	\$		
4)	Late payment Penalties:			
	Interest charge of 1% per month	\$		
	Late Filing Penalty of 5%	\$		
	Late Payment Charge of 5%	\$		
5)	, , , , , , , , , , , , , , , , , , , ,	• •		
	Due (add lines 2, 3 and 4)	\$		

Please mail this completed return, a check in the amount shown on line 4, and a copy of:

Illinois Department of Revenue Form ST-1 (Sales and Use Tax Return)

City Of Des Plaines 1420 Miner Street Des Plaines, Il 60016

Attn: Finance Dept., Hotel-Motel Tax Phone: 847.391.5319, Fax: 847.391.5402