



## City of Tuscola Hotel/Motel Tax Return

Tax liability period for this return: \_\_\_\_\_

*(Returns are due monthly, unless authorized quarterly or annually by the Illinois Department of Revenue)*

***This tax return, along with payment for the tax amount in line 8 of this form, must be submitted to the City of Tuscola, 214 N. Main ST, Tuscola, IL 61953, no later than the last day of the calendar month following the end of the tax liability period.***

Name and Address of Hotel/Motel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Operator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |   |          |
|---|----------|
| 1. <b>Total receipts</b> ( <i>Line 1- Illinois form RHM-1</i> )   | 1. _____ |
| 2. <b>Tax deduction</b> ( <i>total amount of state and local tax collected</i> )  | 2. _____ |
| 3. <b>Total amount of rental receipts from permanent residents</b><br>( <i>ONLY when a person has occupied or has the right to occupy a room for at least 30 consecutive days</i> ) | 3. _____ |
| 4. <b>Exclusions</b> ( <i>Specify _____</i> )   | 4. _____ |
| 5. <b>Taxable rental receipts</b> ( <i>Line 1 less lines 2, 3 and 4</i> )   | 5. _____ |
| 6. <b>Amount of tax due</b> ( <i>6% of line 5</i> )   | 6. _____ |
| 7. <b>Amount of penalty</b> ( <i>See Ordinance</i> )  | 7. _____ |
| 8. <b>Balance due</b> ( <i>Add lines 6 and 7</i> )  | 8. _____ |

***A copy of the Illinois Department of Revenue's RHM-1 Hotel Operators' Occupation Tax Return must accompany this form.***

Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge it is true, correct and complete.

Signature of Operator \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_