



CARBONDALE
All Ways Open

City of Carbondale
Finance Department
200 S. Illinois Avenue
Carbondale, Illinois 62901
Phone (618) 457-33277
Fax (618) 457-3283
Explorecarbondale.com

MUNICIPAL PRIVILEGE TAX RETURN

For filing month of		Due on or before	
Name of business		Illinois State Sales Tax Registration No.	
Business Address			
Mailing Address (Address to which form should be sent if different from above)			
HOTEL/MOTEL ROOM RENTAL PRIVILEGE TAX UNDER TITLE 7, CHAPTER 9 OF THE CARBONDALE REVISED CODE			
1. Total gross receipts from rental of rooms, exclusive of any taxes		\$	
2. Deductions authorized:			
A. Receipts from rooms rented to persons exceeding 30 consecutive days		\$	
B. Receipts from rooms rented to persons owning or operating the business		\$	
3. Total deductions authorized (Add lines 2A and 2B above)		\$	
4. Taxable receipts (Line 1 minus Line 3)		\$	
5. Hotel/Motel Privilege Tax (Multiply amount on Line 4 by .09)		\$	
6. Penalty if filed late: 1.5% per month or part thereof		\$	
7. Correction of prior period return(s)		\$	
8. Total tax to be remitted		\$	
If this is a final return or there has been a change in ownership, complete the following			
Business Sold	Date	Business Discontinued	Date
New owner's name			
New owner's residence address			
Former owner's residence address			

NOTE: Each return form **MUST** also be accompanied with some type of simple documentation that will support your total occupancy from gross receipts/room rental submitted. Some audit documentation should be roughly a 1 page printout from an operating source, that will allow tracing directly from that source to the return form. An example most locations often use in operations could be a sales summary, store summary, etc. A simple excel spreadsheet is usually not considered sufficient documentation, as the numbers placed within are easily altered rather than computer generated.

This return must be filed on or before the last day of the calendar month succeeding the end of the month filing period. If the return is filed late, a penalty is assessed at the rate of 1.5% per month, or portion thereof, for as long as the return remains outstanding.

Mail this Return and payment to City of Carbondale, Finance Department, P.O. Box 2947, Carbondale, Illinois 62902-2947

Under penalties as provided by law, I declare that I have examined this return, including any accompanying schedules and statements and to the best of my knowledge and belief, it is true and complete. I further declare that the information is from the books and records of the business for which this return is filed.

Signature of Taxpayer		Signature of person, other than Taxpayer, preparing this form	
Title		Name of Firm or Employer	
Date signed	Phone	Date prepared	Phone