



MUNICIPAL PRIVILEGE TAX RETURN

For filing month of _____ Due on or before _____
Name of Business _____
Business Address _____ City _____ State _____ Zip _____
Mailing Address _____ City _____ State _____ Zip _____
(Address to which form should be sent if different from above)
Illinois State Sales Tax Registration No. _____ - _____

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 thirty (30) consecutive days \$ _____
B. Receipts from rooms rented to persons owning or operating the business \$ _____
3. Total deductions authorized (Add Lines 2A and 2B)
4. Taxable receipts (Line 1 minus Line 3) (\$ _____)
5. Hotel/Motel Privilege Tax (Multiply amount on Line 4 by .09 and enter) \$ _____
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

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.

Make check payable to: CITY OF CARBONDALE

Mail return with check to: CITY OF CARBONDALE FINANCE DEPARTMENT P.O. BOX 2947 CARBONDALE, IL 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

Telephone No.

Date Prepared

Telephone No.