

# City of Crystal Lake Hotel / Motel Occupancy Tax Return

Period Ending: \_\_\_\_\_

<input type="checkbox"/>	Quarterly Return
<input type="checkbox"/>	Monthly Return

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Organization Address

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Organization City / State / Zip

\_\_\_\_\_  
Contact Email

\_\_\_\_\_  
Local Business Name

\_\_\_\_\_  
Local Business Address

## COMPUTATION OF TAX

1 Taxable Room Rental Receipts	
A Gross Room Rental Receipts	\$ _____
B Less Exempted Rental Receipts	\$ _____
C Subtotal: Net Receipts	\$ _____
2 Tax: 7% of Line 1C	\$ _____
3 Penalty if paid and/or remitted late	
A 10% of Line 2 if late	\$ _____
<b>4 Total Amount Due</b>	<b>\$ _____</b>

Remittances are required quarterly. Monthly remittance is optional. Taxes must be paid on or before the last day of the month immediately following the quarter for which the return is being filed. Checks should be made payable to:

CITY OF CRYSTAL LAKE  
100 W WOODSTOCK ST  
CRYSTAL LAKE, IL 60014

### ALL FIGURES ARE SUBJECT TO AUDIT

I hereby affirm that the statements herein contained are taken from the books and records of the listed establishment and are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date