

County of Jo Daviess, Illinois  
Jo Daviess County Treasurer  
330 North Bench Street  
Galena, Illinois 61036

**HOTEL AND MOTEL SINGLE USE TAX RETURN**

Statement of Tax Receipts under the provisions of Title 2, Chapter 6, of the Jo Daviess Code:

Parcel ID Number for Hotel/Motel Property: \_\_\_\_\_

Name of Business: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Owner or Operator(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Hotel or Motel Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Principal Office Address if different from above: \_\_\_\_\_

Number of Rooms Available for Rent: \_\_\_\_\_

*Occupancy Formula: Total Rooms sold in the month divided by total rooms available = Occupancy Rate*  
Occupancy Rate \_\_\_\_\_

Tax Return for Month of: \_\_\_\_\_

**PAYMENT MUST BE RECEIVED IN THE TREASURER'S OFFICE ON OR BEFORE THE LAST BUSINESS DAY OF EACH CALENDAR MONTH.**

COMPUTATION OF TAX for period beginning \_\_\_\_\_ and ending \_\_\_\_\_

1. Receipts from room rental (excluding all room taxes)..... \$ \_\_\_\_\_
2. Deduction for receipts from permanent guests..... \$ \_\_\_\_\_
3. Other deductions (itemize)..... \$ \_\_\_\_\_
4. Net receipts (Item 1 minus item 2 and item 3)..... \$ \_\_\_\_\_
5. Amount of County Tax (5% of Item 4)..... \$ \_\_\_\_\_
6. Add penalty (if delinquent) 1.5% per month..... \$ \_\_\_\_\_
7. Total Tax due (Item 5 plus Item 6)..... \$ \_\_\_\_\_
8. Total tax paid to the State of Illinois for same period \$ \_\_\_\_\_

TAX MUST BE PAID DIRECTLY TO THE COUNTY TREASURER MONTHLY UNLESS SPECIFICALLY AUTHORIZED TO FILE QUARTERLY, SEMI-ANNUALLY OR ANNUALLY, PAYMENTS IN ACCORDANCE WITH 35 ILCS 145/6 ILLINOIS REVISED STATUTES.

The undersigned certifies that the information set forth in this return is true and accurate to the best of my knowledge.

Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

RETURN ONE COPY WITH YOUR REMITTANCE TO: JO DAVIESS COUNTY TREASURER  
330 NORTH BENCH STREET  
GALENA, IL 61036