



City of Morrison Hotel/Motel Tax Return

200 West Main Street, Morrison IL 61270 Phone: 815-772-7657

Today's Date: _____ Tax Number (required): _____

Tax Return for month/year ending: _____

Operator/Manager Name: _____

Business Name: _____

Address: _____

Phone Number: _____

COMPUTATION OF TAX:

- 1. All Gross Rental Receipts: \$ _____
- 2. Less Permanent Residents' Receipts: \$ _____
- 3. Taxable Receipts (Line 1 minus Line 2): \$ _____
- 4. Amount of Tax Due (Line 3 multiplied by 5%): \$ _____
- 5. Late Penalty of 5% (Line 4 multiplied by 5%): \$ _____
- 6. Total Tax & Charges Due (Line 4 plus Line 5): \$ _____

All returns must be filed on or before the last day of the calendar month succeeding the end of the filing period.
A penalty of 5% will be charged for late payments.

For tax returns for the months of March, June, September & December, please include your State of Illinois hotel tax return.

Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for which this is filed.

Taxpayers Signature Title Date

Preparer's Signature Date