



100 HEART BOULEVARD - LOVES PARK, ILLINOIS 61111 – 815 / 654-5027 – FAX: 815 / 633-5068
JOHN C. DANIELSON, CITY TREASURER

CITY OF LOVES PARK
HOTEL/MOTEL TAX RETURN

Name of Business: _____

Address: _____

State ID #: _____

Month for which return is being filed: _____

- | | |
|--|----------|
| 1. Total gross receipts from room rentals | \$ _____ |
| 2. Less receipts for permanent quests
(Same room for more than 30 consecutive days) | \$ _____ |
| 3. Net receipts | \$ _____ |
| 4. Multiply line 3 by tax rate of 5% (.05)
This equals the Hotel/Motel Tax | \$ _____ |

Under penalties provided by law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.

Signature

Title

(Instructions and additional information on back)

Instructions for filling out City of Loves Park Hotel/Motel Tax Return

1. Forms are available free of charge from the City of Loves Park Treasurer's Office. Please call 815-654-5027 if you need additional forms or access the City's website at www.cityoflovespark.com to download the form.
2. Forms must be filled out, filed with the City Treasurer's Office and paid on or before the last day of each month following the month in which Hotel/Motel rentals are made in the City of Loves Park. (The law provides for significant financial penalties for late filing or failure to file this return).
3. Checks are to be made payable to the City of Loves Park. The check and original form are to be mailed to:
Attention: City Treasurer
City of Loves Park
100 Heart Boulevard
Loves Park, IL 61111

_____ Final Return _____ Business Sold or _____ Business Discontinued _____
Date

If the business has been discontinued and/or no longer incurs liability for tax, place an (x) on the line above and answer the following:

New Owner's Name: _____

New Owner's Residence Address: _____

Former Owner's Residence Address: _____
