



**HOTEL/MOTEL ACCOMMODATIONS
TAX RETURN
East Moline Code of Ordinance 02-36**

Business Name: _____

Business Address: _____

Mailing Address: _____

___ Check here if above information is updated/changed

Federal I.D. Number: _____

Calendar month for which tax return applies: _____

- | | |
|--|----------|
| 1. Total Gross Receipts from all room rentals (including permanent guests) | \$ _____ |
| 2. Deductions (Attach Detailed Explanation) | \$ _____ |
| 3. Receipts subject to tax (subtract line 2 from line 1) | \$ _____ |
| 4. Tax Due (Line 3 X .05) 5% hotel use tax | \$ _____ |
| 5. Late Filing Penalty (Line 4 X .02) 2% per month | \$ _____ |
| 6. Total Tax and Penalty Due (Add Lines 4 and 5) | \$ _____ |

INSTRUCTIONS FOR FILING:

TAX AMOUNT: Tax rate is 5% of all room rentals.

DUE DATE: **The completed tax return and payment must be received on or before the fifteenth day of the succeeding calendar month in which room rentals were received.**

PENALTY: Late charges are calculated at the rate of two percent (2%) per month.

REMITTANCE: Make checks payable and remit to: City of East Moline
Finance Office
915 16th Avenue
East Moline, IL 61244
(309) 752-1542

I certify under penalty as prescribed by law that I have examined this return and, to the best of my knowledge, it is true and accurate.

Signature of Preparer: _____

Printed Name: _____

Title: _____

Date: _____

Telephone Number: _____

Email: _____