



# HOTEL OPERATORS' OCCUPATION TAX RETURN

## East Moline Code of Ordinance 17-08

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 .01) <b>1% hotel operators' occupation tax</b>        | \$ _____ |
| 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 1% of gross rental receipts from the renting, leasing, or letting of rooms.

**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 16<sup>th</sup> 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: \_\_\_\_\_