

CITY of PEKIN  
HOTEL/MOTEL TAX RETURN

#####  
 Name of Hotel/Motel \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_  
 Address \_\_\_\_\_ Period covered by this form \_\_\_\_\_  
 #####

COMPUTATION OF TOTAL PAYMENT DUE

- (1) Gross receipts from rental of rooms: Exclusive of any taxes (1) \_\_\_\_\_  
EXEMPTIONS  
 (2) Receipts from rooms rented to persons owning (2) \_\_\_\_\_  
 or operating the business  
 (3) Total Exemptions authorized (Line 2) (3) \_\_\_\_\_  
 (4) Taxable Receipts (Line 1 minus Line 3) (4) \_\_\_\_\_  
COMPUTATION OF TAX DUE  
 (5) Receipts from rooms rented to persons for (5a) \_\_\_\_\_  
 conventions as defined in section 5-61(e)  
 Tax due and payable (Line 5a X .05) (5b) \_\_\_\_\_  
 (6) Other Taxable Receipts (Line 4 minus amount (6a) \_\_\_\_\_  
 entered on Line 5a)  
 Tax due and payable (Line 6a X .05) (6b) \_\_\_\_\_  
 (7) Total Hotel-Motel Tax due and payable (Line 5b + Line 6b) (7) \_\_\_\_\_  
 (8) If Filed Late,  
 a) Add penalty of 5% (multiply amount on line 7 by .05) (8a) \_\_\_\_\_  
 b) Add interest of 2% per month or portion thereof (8b) \_\_\_\_\_  
 (multiply total of line 7 by .02)  
 NOTE: This return must be filed 00 or before the 15th day of the calendar  
 month succeeding the end of the month filing period. If the return is  
 filed late, interest is assessed at the rate of two percent (2%) per  
 month, or portion thereof, for as long as the return remains outstanding.

(9) Total payment due (amount on line 7 plus amounts on lines 8a and 8b) (9) \_\_\_\_\_  
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Make Checks Payable to \_\_\_\_\_ Return all **tax** forms and payments to \_\_\_\_\_ Phone: \_\_\_\_\_  
 "City of Pekin" Finance Department (309) 477-2305  
 City of Pekin  
 III South Capitol Street  
 Pekin, IL 61554-4108

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct and complete. Declaration of Preparer (other than taxpayer) is based on all information of which Preparer has any knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Signature of Preparer, if other than filer

\_\_\_\_\_  
Date