



**CITY OF NORTH CHICAGO
HOTEL AND MOTEL TAX RETURN**
(Revised 10-06)

***Must be received by the City or postmarked on or before the 25th of
the calendar month succeeding the end of the month filing period***

Calendar Month for Which Tax Return Applies: _____, 20____

Name of Hotel or Motel: _____

Business Address: _____

Phone Number: _____

COMPUTATION OF TAX LIABILITY

1. Gross Receipts from Room Rentals \$ _____

2. Less: Exempted Room Rental Receipts (Permanent Rentals of 30 days or more)....\$ _____

3. Taxable Receipts (Line 1 minus line 2)..... \$ _____

4. Hotel and Motel Tax Liability (Line 3 multiplied by **9.5%**)..... \$ _____

5. Penalty: Interest (1.0% of line 6 per month or fraction thereof)..... \$ _____

6. Total Due the City of North Chicago (add lines 4 and 5)..... \$ _____

Is the required copy of the St. of IL Hotel Operators' Occupation Tax Return Form RHM-1 attached?.... _____
If not, please explain _____

I hereby affirm that the information presented in this return is taken from the books and records of the
above named business and is true and correct to the best of my knowledge.

Signature and Title of Individual Preparing Return

Date

Print Name of Individual Preparing Return

Telephone #

**Due Date: The completed hotel and motel tax return and payment of the tax liability must be
received by the City or postmarked on or before the 25th day of the calendar month succeeding
the end of the month filing period.**

The completed tax return and payment should be mailed to:

**City of North Chicago
Comptroller's Department – Hotel and Motel Tax
1850 Lewis Avenue
North Chicago, IL 60064**

**Any questions regarding the hotel and motel tax should be directed to the Finance Department at 847-596-8620
Forms available at www.northchicago.org**