

**VILLAGE OF ROMEOVILLE  
MONTHLY HOTEL/MOTEL TAX RETURN**

Month/Year \_\_\_\_\_  
Of Collection: \_\_\_\_\_

Due Date: \_\_\_\_\_  
**The last day of the following Month**

Payee Name, Address & Telephone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Local Business Name, Address & Telephone  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Illinois Business Tax (IBT) Number for  
Village of Romeoville Business Location (from Illinois Department of Revenue form ST-1)

**COMPUTATION OF TAX LIABILITY**

- |    |   |          |
|----|---|----------|
| 1) | Number of rooms rented during period  | _____    |
| 2) | Total Amount Paid for Lodging   | _____    |
| 3) | Exemptions  | _____    |
| 4) | Subtotal  | \$ _____ |
| 5) | Total Tax Due (Subtotal x <b>9%</b> )   | \$ _____ |
| 6) | Late Filing/Payment Charge of 5%<br>plus<br>Late payment or filing - Interest charge<br>of 2% per month or fraction thereof | \$ _____ |
| 7) | Total tax and penalty due<br>(add lines 5 and 6)  | \$ _____ |

Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

\_\_\_\_\_  
Signature of Preparer      Date

\_\_\_\_\_  
Signature of Taxpayer      Date

Mail this completed return and check for amount shown to:

Village of Romeoville  
Finance Department—Hotel/Motel Tax  
1050 W. Romeo Road  
Romeoville, Illinois 60446.

Should you have any questions or if you need an additional form you may call the Village of Romeoville at (815) 886-7200.