

**City of Elmhurst**  
**Municipal Hotel Tax Return**  
Municipal Code Section 37.05

TAX DUE WITHIN 15 DAYS  
AFTER END OF MONTH

PERIOD COVERED BY THIS  
RETURN MONTH ENDED \_\_\_\_\_

\_\_\_\_\_  
Name of Hotel/Motel (\_\_\_\_\_) \_\_\_\_\_  
phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Owner or Operator (\_\_\_\_\_) \_\_\_\_\_  
phone

\_\_\_\_\_  
Address if different from above

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**COMPUTATION OF TAX:**

Line 1: Gross Receipts (Room Charges) \_\_\_\_\_  
Line 2: Deduct Exemptions (Sec. 37.05b) \_\_\_\_\_  
Line 3: Taxable Receipts (Line 1 minus Line 2) \_\_\_\_\_  
Line 4: Tax (4% of Line 3) \_\_\_\_\_

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**COMPUTATION OF PENALTY (IF APPLICABLE):**

Line 5: Total Tax Due (from Line 4 above) \_\_\_\_\_  
Line 6: Tax Paid \_\_\_\_\_  
Line 7: Delinquent Amount (Line 5 minus Line 6) \_\_\_\_\_  
Line 8: Interest and Penalties (Sec. 37.05d) \_\_\_\_\_  
Line 9: Total Amount Due \_\_\_\_\_

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**AFFADAVIT:** I (we) hereby swear (or affirm) that the statements and amounts herein contained are true and correct to the best of my (our) knowledge and belief.

PERSON(S) RESPONSIBLE FOR PREPARING THIS RETURN

**Attach Check and Mail to:**

City of Elmhurst  
Finance Department  
209 N. York Street  
Elmhurst, IL 60126

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Signature Title

Date: \_\_\_\_\_