



CITY OF HARYVEY
MAYOR CHRISTOPHER J. CLARK
 Department of Revenue
 15320 Broadway Avenue
 Harvey, IL 60426
 Phone: 708-210-5315
revenue@citofharveyil.gov

Motel and Hotel Room Tax
Motel and Hotel Room Tax Return

Please mark (X) on the appropriate month(s) for payment: _____ Year

- | | | | |
|---------------|------------|----------------|---------------|
| ____ January | ____ April | ____ July | ____ October |
| ____ February | ____ May | ____ August | ____ November |
| ____ March | ____ June | ____ September | ____ December |

Business License Number: _____

Business Name: _____

Business Address: _____

Business _____ Phone _____ Number: _____

Business Email: _____

1. Gross Motel – Hotel Rental Receipts \$ _____
2. Exemptions (subtract rentals more than 30 days. See reverse side) \$ _____
3. Taxable receipts (subtract line 1 from 2) \$ _____
4. **TAX AMOUNT DUE** (Multiply line 3 by 6% or 0.06) \$ _____

**If late complete 5 thru 8*

5. Late fee percentage (Multiply line 4 by 10% or .10) \$ _____
6. Months Delinquent _____
7. **Total Penalty Due** (Multiply lines 5 & 6) \$ _____

8. **Total Tax and Penalty Due:** (Add lines 4 & 7)

\$ _____

9. **Check Surcharge** (Line 8 x 2%)

\$ _____

Under penalties as provided by law, the undersigned attests that this tax return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this is filed.

Signature of Taxpayer

Title

Signature of Person Preparing Return

Print Tax Preparer's Name

Date: _____

Exemptions

3-12-030 Tax.

A. There is levied and imposed upon the use and privilege of renting a motel or hotel room within the city a tax of six percent of the room rental rate (not including taxes or other non-room rental charges added to the motel or hotel bill) for each such motel or hotel room rented for every twenty-four-hour period or any fraction thereof; provided, **however, that the tax shall not be levied and imposed upon any person who rents a motel or hotel room for more than thirty (30) consecutive days or to a person who works and lives in the same motel or hotel.**

Methods of Payment:

- **In – Person:** 15320 Broadway Avenue Harvey, IL 60426. Cash, Money Order, or Cashier Check made out to **CITY OF HARVEY, ATTN: DEPT. OF REVENUE.**
- **Mail:** Money Order, or Cashier Check made out to **CITY OF HARVEY, ATTN: DEPT. OF REVENUE.** Mail this completed return for the amount shown on line 9.