



**HOTEL/MOTEL TAX RETURN**

**VILLAGE OF ELK GROVE**

901 WELLINGTON AVENUE • ELK GROVE VILLAGE, IL • 60007-3499

**Phone: (847) 357-4062 Fax: (847) 357-4084**

**www.elkgrove.org**

- Online Travel Companies are also required to complete this form with remittance as a provision of Ordinance No. 3618.
- Taxes must be paid on or before the last day of the calendar month immediately following the month for which the return is being filed. Make checks payable to: ELK GROVE VILLAGE.

FOR THE MONTH ENDING: \_\_\_\_\_ YEAR: \_\_\_\_\_

TYPE OF BUSINESS: HOTEL/MOTEL  ONLINE TRAVEL COMPANY

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**COMPUTATION OF TAX:**

1. Gross Room Rental Receipts .....\$ \_\_\_\_\_
2. Gross Tax (6% of line 1) .....\$ \_\_\_\_\_
3. Less Collection Fee (2% of line 2) .....\$ \_\_\_\_\_
4. Net Tax to be Remitted .....\$ \_\_\_\_\_
5. Penalties and Interest if Paid After the Due Date .....\$ \_\_\_\_\_
  - a. Interest (1.5% of line 4 per month).....\$ \_\_\_\_\_
  - b. Late Payment Penalty (10% of line 4 per month) .....\$ \_\_\_\_\_
  - c. Total Penalty and Interest Due (Sum if lines 5a and 5b) .....\$ \_\_\_\_\_
6. Total Due the Village of Elk Grove (add lines 4 and 5c).....\$ \_\_\_\_\_

I hereby affirm that the statement herein contained are taken from the books and records of the above listed establishment and are true and correct to the best of my knowledge.

\_\_\_\_\_  
SIGNATURE AND TITLE OF PREPARER

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
DATE

One copy of this form and  
**A COPY OF YOUR STATE RHM-1  
HOTEL OPERATORS' OCCUPATION  
TAX RETURN MUST BE FILED WITH  
THIS RETURN**

Village of Elk Grove  
Finance Department – Hotel and Motel Tax  
901 Wellington Ave.  
Elk Grove Village, IL 60007