



**HOTEL-MOTEL  
OCCUPANCY TAX RETURN**  
*(Stays Of 29 Days Or Less In Duration)*

**For Month Ending:**

**Payment Due Date:**

Statement of Tax Records under the Provision of the Municipal Code (§35.20, et seq.) of the City of Oakbrook Terrace

Name of Hotel/Motel \_\_\_\_\_

Address \_\_\_\_\_

Name of Operator \_\_\_\_\_

**Computation of Tax**

- |  |       |
|--|-------|
| 1. Gross Room Rental Receipts                        | _____ |
| 2. Hotel Tax – 6% of Line 1                          | _____ |
| 3. Dollar Amount to be Remitted (Line 2)             | _____ |
| 4. Penalty (5% of line 3 if paid after the due date) | _____ |
| 5. Interest Due (1% per month)                       | _____ |
| 6. Total remittance (Add lines 3, 4 and 5)           | _____ |

Remittances required monthly. This room tax must be paid on or before the 15<sup>th</sup> day of the month. Figure must be based on the preceding months' receipts.

Make check payable to: **City of Oakbrook Terrace**

I hereby affirm that the statements 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.

Date this \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name & Title)

\_\_\_\_\_  
(Contact Number)

**Return one copy with your remittance to:**

**CITY OF OAKBROOK TERRACE  
ATTN: FINANCE DEPARTMENT  
17W275 BUTTERFIELD ROAD  
OAKBROOK TERRACE, ILLINOIS 60181**