



**LONG-TERM HOTEL-MOTEL
OCCUPANCY TAX RETURN**
(Stays Of 30 Days Or More In Duration)

For Month Ending: _____

Payment Due Date: _____

Statement of Tax Records under the Provision of the Municipal Code (§35.27, et seq.) of the City of Oakbrook Terrace

Name of Hotel/Motel _____

Address _____

Name of Operator _____

Computation of Tax

- | | |
|--|-------|
| 1. Gross Long-Term Stay 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 15th 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**