HOTEL-MOTEL TAX RETURN

City of Salem, Illinois
101 South Broadway
Salem, Illinois 62881

Owner's Name: _____

Place of Business: _____

Owner's Address: _____

Computation of Tax for month of: _____

1. Total receipts from room rentals, including State and City tax: $ _____
2. Deduction of receipts from permanent residents: $_____
3. Other deductions: (attach detailed explanation) $_____
4. Taxable receipts plus State & City tax collected: $ _____
   (Item 1 less Items 2 & 3)
5. State tax collections included in Item 4 above: $_____
6. City tax collections included in Item 4 above: $ _____
7. Taxable receipts: (Item 4 less Items 5 & 6) $ _____
8. City tax due: (4% of Item 7) **Effective 11/1/2009** $ _____
9. Penalty if payment is late: $ _____
   (1% per 30 day period or portion thereof from the date of delinquency)
10. Total tax and penalty: (Item 8 plus Item 9) $ _____
11. Credits: (attach detailed explanation) $ _____
12. Operator expenses: $ _____
    (2.1 % of Line 8, or $2.08 per month, whichever is greater)
13. Amount due: (Item 10 less Items 11 & 12) $ _____

Make check payable to the CITY OF SALEM

The undersigned certifies the information set forth in this return is true an accurate to the best of his knowledge.

_____ _____ _____
Date Title Signature

Form: Tourism 2009- Nov 1