VILLAGE OF MORTON GROVE 6101 W. CAPULINA MORTON GROVE, IL 60053 MAIN NUMBER: 847-965-4100 EXT 0

FAX: 847-663-6185

FINANCE DEPARTMENT: 847-663-3037 HOTEL MOTEL USE TAX RETURN

MONTHLY REMITTANCE FORM

RENTAL RECEIPT PERIOD: MON	NTH AND YEAR	
HOTEL/MOTEL NAME		
ADDRESS		
CITY		ZIP
	rove Business Location (from Illinois RHM-1)	
	IRN ARE DUE 20 DAYS AFTER T	
THE ABOVE COLLECTION	PERIOD TO AVOID PENALTIE	S
1. ALL GROSS RECEIPTS, INCLUDIT COLLECTED (line 1 from RHM-1) **	NG STATE AND VILLAGE TAXES	
	E 1 FROM THE RHM-1, PLEASE EXPLAIN	WHY:
2. LESS: AMOUNTS COLLECTED FO	OR STATE TAX (line 8 from RHM-1))	
3. LESS: AMOUNTS COLLECTED FO	DR VILLAGE TAX (line 2 from RHM-1)	
4. TOTAL NET VILLAGE TAXABLE	RECEIPTS	
5. VILLAGE TAX RATE IS 7%		0.07
6. MULTIPLY LINE 4 BY LINE 5. TH	IIS IS YOUR TOTAL HOTEL/MOTEL TAX	
	TER THE DUE DATE, THE FOLLOWING INCLUDED WITH PAYMENT	PENALTIES MUST BE
7. LATE FILING FEE: LINE 6 (TAX I greater.	DUE) multiplied by 5% or \$50, whichever is	
8. LATE PAYMENT FEE: LINE 6 (TA whichever is greater	X DUE) MULTIPLIED BY 10% or \$100,	
	UR TOTAL TAX AND PENALTIES DUE	
UNDER PENALTIES OF PERJURY AND OTHER PINCLUDING ACCOMPANYING SCHEDULES AND CORRECT AND COMPLETE DECLARATION OF	ENALTIES PROVIDED BY LAW, I DECLARE THAT I HAVE STATEMENT, AND TO THE BEST OF MY KNOWLEDGE A PREPARER (OTHER THAN TAXPAYER) IS BASED ON AL DECLARE THAT THE INFORMATION SET FORTH IS TAK	AND BELIEF, IT IS TRUE, L INFORMATION OF WHICH
SIGNATURE OF TAXPAYER	PRINTED NAME	TITLE
SIGNATURE OF PREPARER	PRINTED NAME	
DATE	ONTACT PHONE	

THIS FORM IS AUTHORIZED AS OUTLINED BY TITLE 1, CHAPTER 10, ARTICLE H OF THE VILLAGE OF MORTON GROVE CODE. DISCLOSURE OF THIS INFORMATION IS REQUIRED. COPIES OF ILLINOIS DEPARTMENT OF REVENUE SALES AND USE TAX AND E911 SURCHARGE RETURN FOR THE PERIOD COVERED BY THIS RETURN MUST BE SUBMITTED WITH THE VILLAGE RETURNS. FAILURE TO COMPLY MAY RESULT IN A PENALTY AND REVOCATION OF BUSINESS LICENSE.