

# City of Monticello Hotel/Motel Tax

Name of Hotel: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tax ID # \_\_\_\_\_

Month taxes were collected: \_\_\_\_\_

Line 1 Total of all revenues from lease/rent of accommodations: \$ \_\_\_\_\_  
(excluding taxes collected)

Line 2 Less any revenues from permanent residents: \$ \_\_\_\_\_

Line 3 Total taxable revenues for lease/rent of accommodations: \$ \_\_\_\_\_

Line 4 Total Tax Due (5% of Line 3) \$ \_\_\_\_\_

Line 5 Penalty-if paid after the 21st of month (2% of Line 4) \$ \_\_\_\_\_

Line 6 Line 4 plus Line 5 \$ \_\_\_\_\_

Total Amount Paid

Check # \_\_\_\_\_

Date \_\_\_\_\_

**Returns and Payment are due the 21st of the month following the collection of said taxes.**

Send to: City of Monticello  
210 N Hamilton  
Monticello, IL 61856-0437

A penalty of 2% will be applied to any late payment.