

**Vermilion County
Hotel Revenue Tax Return**

Filing Month _____

Business Name & Address

Corporate Name & Mailing Address (if different)

Federal ID # _____

State Registration # _____



1. Total Tax To Be Remitted



This return must be filed on or before the last day of the calendar month succeeding the end of the month filing period. If the return is filed late, a penalty is assessed at the rate of 1% per month for as long as the return remains outstanding.

Make Check Payable To :

Vermilion County Treasurer

Mail Return With Check To :

201 N. Vermilion St.
Danville, IL 61832

UNDER PENALTIES AS PROVIDED BY LAW, THE UNDERSIGNED AND ACCOMPANYING SCHEDULES ARE TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF AND IS TAKEN FROM THE BOOKS AND RECORDS OF THE BUSINESS FOR WHICH THIS RETURN IS FILED.

Signature of Taxpayer

Signature of Person Preparing Form

Title

Company Name

Date Signed

Telephone Number

Date Prepared

Telephone Number

Submit Original

**Vermilion County
Hotel Revenue Tax Return**

HOTEL/MOTEL ROOM TAX UNDER COUNTY ORDINANCE # 03-0202

1. Total gross receipts from rental of rooms, Exclusive of any Taxes

Authorized Deductions:

A. Receipts from rooms rented to persons exceeding seven (7) days

B. Receipts from rooms rented to persons owning or operating the business

2. Total Authorized Deductions. (Add lines A & B)

3. Taxable Receipts. (Line 1 minus Line 2)

4. Privilege Tax Rate of 5%

5. Amount of Tax (Forward to Page 1, Line 1)

Please Complete Page 1

For Office Use Only

Date Rec'd	Check #	Cash	Receipt #