



CITY OF ROLLING MEADOWS
HOTEL OPERATOR'S TAX

Collection Period: Mo _____ Yr _____ Due Date: The 20th of Every Month

Business Name: _____ Phone No: _____

Business Address: _____

Payee's Name and Address: _____

Computation of Tax Liability

- 1. Gross Room Receipts less taxes paid..... \$ _____
2. Room Receipts from Permanent Guests..... \$ _____
3. Net Receipts (Line 1 minus Line 2)..... \$ _____
4. City of Rolling Meadows Hotel Tax - Line 3 X 8% (.08)..... \$ _____
5. Penalties & Interest if Paid After the Due Date:
a. Late Payment Penalty (5% of Line 4) \$ _____
b. Late Filing Penalty (5% of Line 4) \$ _____
c. Interest (1.5% per mo on taxes and penalties) \$ _____
d. Total Penalties and Interest (sum of a, b, and c)..... \$ _____
6. Total Due the City of Rolling Meadows (add lines 4 and 5d)..... \$ _____

I hereby affirm that I have examined this return and, to the best of my knowledge and belief, the information presented is true, accurate, and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.
Signature and Title of Taxpayer Date
Preparer (if other than taxpayer) Phone No.

Mail this completed return and check for the amount due from Line 6, along with a copy of the Illinois Department of Revenue form RHM-1 to:

Finance Department
City of Rolling Meadows
3600 Kirchoff Road
Rolling Meadows, IL 60008-2498

If you have any questions, or need additional forms, please call the Finance Department at 847/394-8500