

CITY OF OTTAWA
HOTEL AND MOTEL TAX REPORT

Calendar Month / Year

1. Name of Operator _____

2. Address of the operators principal place of business:

3. Gross rental receipts for the month mentioned above: \$ _____

4. Less: Rental receipts received for the month from permanent residents who occupied a room for at least thirty (30) consecutive days: \$ _____

5. Gross rental receipts subject to the hotel and motel tax \$ _____

6. Multiply line 5 by 5% to arrive at total tax \$ _____

7. Total amount due to City of Ottawa \$ _____

Attach check or money order for full amount payable to City of Ottawa and send to City Clerk of Ottawa, 301 West Madison Street, Ottawa, Illinois 61350.

I declare I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

SIGNATURE

DATE