

**CITY OF WARRENVILLE
HOTEL OPERATOR'S TAX REPORT**

For Month Ending: _____

Statement of Tax Receipts under the Provsion of Title 3-1-5 of the Warrenville City Code:

NAME OF HOTEL/MOTEL: _____

Computation of tax:

Gross Taxable Room Rent for Period: _____

Tax Due on Gross Sales - 5%: _____

**TAXES MUST BE PAID PRIOR TO THE 15TH OF THE CALENDAR MONTH FOLLOWING
THE MONTH OF COLLECTION.**

ALL FIGURES ARE SUBJECT TO AUDIT

I hereby affirm that the statements herein contained are taken from the books and records of the above-listed establishment and are correct to the best of my knowledge.

DATED: _____

Signature

Name (Please Print)

Title

Please remit to:
City of Warrenville
Finance Department
3S258 Manning Avenue
Warrenville, IL 60555

6/26/2008

Hotel Operator's Tax Report.xls