



Operating Under Council – Manager Government Since 1957

MONTHLY HOTEL /MOTEL ROOM TAX STATEMENT
City of Galesburg, Illinois

Reporting for Month/Year of _____
Business Name _____
Business Address _____
Mailing Address _____

1) Monthly room nights sold	_____
2) Average daily rate	\$ _____
3) Gross receipts for the reporting month	\$ _____
4) Line 3 times 10.8% tax	\$ _____
5) Line 4 times 3% collection fee	\$ _____
6) Line 4 minus line 5 equals amount remitted	\$ _____
7) 3% penalty for late payment after the 20th of each month	\$ _____
8) Total remitted including penalty, if applicable	\$ _____

I hereby certify that the information provided above is true and correct to the best of my knowledge.

Signature of Hotel/Motel Manager

Printed Name of Hotel/Motel Manager

Please make checks payable to:
City of Galesburg

Date

Mail remittance and return to:
City of Galesburg
Attn: Hotel/ Motel Tax
PO Box 1589
Galesburg, IL 61402-1589

DUE BY THE 20TH OF THE MONTH
FOLLOWING THE END OF THE
REPORTING MONTH