



# City of Galesburg

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**