

CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036



Hotel Occupancy Tax Return

Return one copy with your remittance to City Hall.

The following is a true and accurate statement of hotel tax receipts in accordance with Chapter 35, Hotel Occupancy Tax, of the Galena Code of Ordinances:

Calendar year: _____ January February March April May June July August
 September October November December

Name of Business: _____

Name of Owner/Operator: _____
(Name of Individual, partnership, corporation or other entity filing this return and remitting the tax collected)

Lodging Business Location: _____

Principal Office Address: _____

Contact: _____ Phone #: _____ Email: _____

Number of Rooms/Units: _____ Number of rooms nights rented in reporting period: _____

Tax payments must be received no later than 4:30 p.m. at City Hall on the last City working day of the month following the month the taxes were collected. The tax shall be paid to the City of Galena on a monthly basis.

1. Gross receipts from room rental (excluding all room taxes).		\$
2. Deduction of receipts from hotel resident employees.		\$
3. Deduction of receipts from permanent guests.		\$
4. Net receipts.	(Line 1 minus Lines 2 & 3)	\$
5. Amount of Galena Hotel Tax.	(Line 4 times .05 or 5% per month)	\$
6. Penalty if delinquent.	(Line 5 times .05 or 5%)	\$
7. Interest payable if delinquent.	(Line 5 times .01 or 1% per month)	\$
8. Total Tax due.	(Total of lines 5, 6, and 7)	\$
9. Total State tax paid for the same period.		\$

The undersigned certifies that the information set forth in this application is true and accurate to the best of my knowledge.

Signature Title Date Date Received Received By