



Hotel / Motel Tax Remittance Form

Pursuant to Bloomington City Code Chapter 39, Article VIII

Owner / Corporate Name:

Address:

Contact:

Email:

Phone:

DBA Business Name:

Address:

Contact:

Email:

Phone:

Tax Preparer's Firm:

Address:

Phone:

Email:

CHECKLIST

Fill out all Lines

Attach ST-1

Attach ST-2

Attach RHM-1


Attach Check

Sign Form

Remit all documents

by the 25th of the

month after collected ¹

 1 Tax Collection Period: ¹	Month	Year
2 Tax Return Data: a. RHM-1 Account ID	b. Final Return	c. Late
3 Total Receipts <i>including</i> State and City Taxes:	3	_____
4 a. _____ Deduct Permanent Residents		
b. _____ Deduct State Tax		
c. _____ Deduct Other:		
d. _____ Deduct Other:		
Subtotal All Deductions: (Add Lines 4a, 4b, 4c, and 4d)	4	_____
5 Net Taxable Receipts:	5	_____
6 City Tax: (Multiply Line 5 by 5.6604%)	6	_____
7 Discount: (Multiply Line 6 by 1.0%)	7	_____
8 Late Penalty: (Multiply Line 6 by 5.0%)	8	_____
9 Late Interest: (Multiply Line 6 by 2.0% for	# Months <input type="text"/>	9
each month late):		_____
10 Credits:	10	_____
11 Tax Due: ADD lines 6, 7, 8, 9, and 10	11	_____

Mail To: City of Bloomington ATTN: Hotel/Motel Tax P.O. Box 3157 Bloomington, IL 61702-3157	Drop Off: City Hall Finance Dept, Room 100 109 E. Olive Street Bloomington, IL 61702	Contact: Finance Department Phone: 309-434-2233 Fax: 309-434-2463 Email: finance@cityblm.org
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Under penalties of perjury and other penalties provided by law, I declare that I have examined this return and to the best of my knowledge and belief it is true, correct and complete. I further declare that the information set forth is taken from the books and records of the business for which this return is filed.

Preparer Name: _____
(Printed Name) (Signature) (Date)

Owner Name: _____
(Printed Name) (Signature) (Date)

HOTEL / MOTEL TAX FORM ASSISTANCE

GENERAL INFORMATION

1. **Your return is incomplete and subject to penalties and interest unless we receive:**
 - a. Signed tax return
 - b. State sales tax forms and confirmation number
 - c. Payment in full
 - d. All documents remitted in-person or postmarked by the 25th of the calendar month following the previous month's tax collection period.
2. Tax data is subject to audit.
3. Failure to remit taxes can result in an additional 25% penalty and legal costs.

STEP 1: NAMES, ADDRESSES, AND CONTACTS

1. Owner/Corporate Name - Provide the name, address, contact, email and telephone number of the corporate office if different than the business physical retail location.
2. DBA Business Name - Provide the name, address, contact, email and telephone number of the retail facility located Bloomington/Normal.
3. Tax Preparer's Firm - Provide the name, address, email and telephone number of the person or firm who prepared the tax remittance form.

Note: Information need not be duplicated if it does not differ from one section to the next—simply make a note on the form.

STEP 2: TAX CALCULATIONS

Line 1. Enter the month taxes were collected.

- Line 2.
- a) Enter your ST-1 State Account ID [aka Illinois Business Tax Number (IBT)]
 - b) Check the box whether this return is the last for the Taxpayer/Owner
 - c) Check the box that payment is late and then calculate the penalty and interest below

Line 3. Enter Total Receipts from LINE 1 of RHM-1, "Hotel Operators' Occupation Tax Return".

- Line 4.
- a) Deduct permanent residents from LINE 3 of RHM-1
 - b) Deduct State Tax from LINE 8 of RHM-1
 - c) and d) Deduct other items (include explanations in box) from LINE 4 of RHM-1

Line 5. Enter Taxable receipts

Line 6. Calculate the Tax Due prior to discounts, penalty, interest, and credits. Make sure you multiply by Line 5 by all digits following the decimal point = 0.056604 or 5.6604%

Line 7. The Taxpayer is allowed a 1% reimbursement for completing the tax form.

Line 8. If payment is made the 26th or any day after, a 5% penalty is imposed.

Line 9. If payment is made the 26th, a 2% interest fee is charged for the 1st month late. For each and every subsequent 26th of the month that taxes are unpaid, an additional 2% interest amount is due.

Line 10. If a credit exists on your account, you may deduct this amount from your tax return.

Line 11. Tax Due - ***Make your check payable to the "City of Bloomington"*** for the amount on this line.

STEP 3: SIGNATURES

The tax return must be signed by at least one representative of the business.

STEP 4: Document Remittance

Mail or bring in copies of the **(1)** Signed Tax Form, **(2)** State Tax Forms, and **(3)** Check made payable to the "City of Bloomington" by the 25th of the month after you collected taxes.