



Office of the City Clerk
 118 Hillsboro Avenue
 Edwardsville, IL 62025
 (618) 692-7500
www.cityofedwardsville.com

MUNICIPAL TAX RETURN

Please type or print

Business Name & Local Address	Filing Month _____
	Federal ID# _____
	IL Business Tax# _____
Corporate Name & Mailing Address	Operator's Name _____

HOTEL/MOTEL ROOM TAX (Per Ordinance No. 6638-02-2020)	
1. Total gross receipts from rental of rooms, Exclusive of an Taxes	_____
2. Receipts from rooms rented to permanent resident	_____
3. Receipts from rooms rented to persons (1-2)	_____
4. Privilege Tax Rate of 9%	X .09
5. AMOUNT OF HOTEL/MOTEL TAX	_____
AMUSEMENT TAX (Per Ordinance No. 5321-6-01)	
6. Total gross receipts from all fees or charges collected	_____
7. Privilege Tax Rate of 3%	X .03
8. AMOUNT OF AMUSEMENT TAX	_____
9. SUBTOTAL	_____
10. Penalty of 1½% per month	_____
11. Failure to File Penalty of 10% per month of tax and interest	_____
TOTAL TAX TO BE REMITTED (add lines 9 through 11)	_____

Under Penalties as Provided by Law, I Declare that to the best of my Knowledge and Belief, the information on this form is True, Correct and Complete.

Signature of Taxpayer

Signature of Preparer

Title

Company Name

Date Signed Telephone

Date Prepared Telephone