



Winnebago County Treasurer  
404 Elm Street, #205  
Rockford, IL 61101

## WINNEBAGO COUNTY 2% HOTEL/MOTEL SALES TAX RETURN - Worksheet

*Under Penalties provided by Law, the undersigned certifies that this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which this return is filed.*

### Taxpayers Copy

- |   |    |       |
|---|----|-------|
| 1. Total gross receipts from room rental  | \$ | _____ |
| 2. Less receipts from permanent guests<br>(same room for more than 30 consecutive days) | \$ | _____ |
| 3. Net receipts   | \$ | _____ |
| 4. Multiply line 3 by tax rate 2% (.02) / Tax Due                                       | \$ | _____ |

### INSTRUCTIONS FOR FILING

1. This return is due on or before the last day of each month following that in which Hotel / Motel rentals are made.
2. The law provides for significant financial penalties for late filing or failure to file this return.
3. Make check payable to: **Winnebago County Treasurer.**
4. Enclose the check and the bottom section of this form. Keep the taxpayers copy for your records.
5. Be sure to put postage on the envelope or the Post Office will not deliver it.
6. Please notify us in writing with your payment if the owners residential or business address changes.

### (RETURN THIS SECTION WITH FINAL RETURN ONLY)

**Final Return** –If the business had been discontinued, sold and / or no longer incurs liability for tax, place (x) in the square; attach a sheet with forwarding information and date of sale or discontinuation.

DETACH AND MAIL COUPON BELOW WITH PAYMENT

### WINNEBAGO COUNTY 2% HOTEL/MOTEL

Return this portion with your check made payable to:

Business Name \_\_\_\_\_

Period Ending \_\_\_\_\_

Winnebago County Treasurer

404 Elm Street, #205

Rockford, IL 61101

- |   |    |       |
|---|----|-------|
| 1. Total gross receipts from room rental  | \$ | _____ |
| 2. Less receipts from permanent guests<br>(same room for more than 30 consecutive days) | \$ | _____ |
| 3. Net receipts   | \$ | _____ |
| 4. Multiply line 3 by tax rate 2% (.02) / Tax Due - Enclosed                            | \$ | _____ |

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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