



Month for Which Tax Return Applies: Month _____ Year _____

Type of Business: Hotel _____ Motel _____ Extended Stay _____ Online Travel _____

Business Name: _____

Business Address: _____

COMPUTATION OF HOTEL AND MOTEL TAX LIABILITY

- 1. Gross Receipts from Room Rentals \$ _____
- 2. Less: Exempted Room Rental Receipts (from page 2 line 2) \$ _____
- 3. Taxable Receipts (Line 1 minus line 2) \$ _____
- 4. Hotel and Motel Tax Liability (Line 3 multiplied by 8.0%) \$ _____
- 5. Tax Collection Fee Due Hotel/Motel Operator (1.0% of line 4) \$ _____
- 6. Total Hotel and Motel Tax Due Village (Line 4 minus line 5) \$ _____
- 7. Extended Stay Fee (From Page 2, Line 10)..... \$ _____
- 8. Penalties and Interest if Paid After the Due Date:
 - A. Late Filing Penalty (line 6 multiplied by 5.0%) \$ _____
 - B. Late Payment Penalty (line 6 multiplied by 5.0%) \$ _____
 - C. Interest (1.0% of line 6 per month) Enter Months Late \$ _____
 - D. Total Penalties and Interest Due (Sum of Lines 7A, 7B and 7C) \$ _____
- 9. Total Due the Village of Schaumburg (add lines 6, 7, and 8D) \$ _____

I hereby affirm that the information presented in this return is taken from the books and records of the above-named business and is true and correct to the best of my knowledge.

Signature and Title of Individual Preparing Return

Telephone #

Date

Due Date: The completed hotel and motel tax return and payment of the tax liability must be received by the Village or postmarked on or before the last day of the calendar month succeeding the end of the prior month filing period.

The completed tax return and payment should be mailed to:

**Village of Schaumburg - Finance Department
Hotel and Motel Tax
101 Schaumburg Court
Schaumburg, IL 60193**

Please direct any questions to the Finance Department at 847-895-4500.



CONTINUED FROM PAGE 1

EXEMPTED ROOM RENTAL RECEIPTS

1. Exempted Room Rental Receipts
 - Written contract or agreement with business, firm, government agency. \$ _____
 - Hotel guests caring for locally hospitalized patient. \$ _____
 - Displaced by natural disaster \$ _____
 - Written contract for emergency or transitional housing. \$ _____
2. Total Room Rental Receipts (Enter total on page 1 line 2).....\$ _____

EXTENDED STAY COMPUTATION

3. Total rooms available for rent _____
4. Rooms rented as extended stay (29 days or more) _____
5. Less: Room Exemptions Per Written Contract or Agreement
 - A. Written contract or agreement with business, firm, government agency.
 - B. Total Rooms Rented (Line 4 minus 5A)..... _____
6. Less: Other Exemptions
 - A. Hotel guests caring for locally hospitalized patient. _____
 - B. Displaced by natural disaster. _____
 - C. Written contract for emergency or transitional housing. _____
 - D. Total Other Exemptions (Add lines 6A, 6B, and 6C)..... _____
 - E. Total Rooms Rented (Line 5B minus line 6D)..... _____
7. Percentage of extended stays to total rooms (Divide lines 6E by line 3)..... _____
 - A. If percentage is less than 15%, enter "0" on page 1 line 6
 - B. If percentage is 15% or greater, please continue completing this form.
8. Total rooms subject to fee (Equals line 6E)..... _____
9. Fee\$ 1,000.00
- 10.Total Due (Multiply line 8 and 9, enter this number on page 1 line 6)\$ _____

"§ 129C.07 (c) - MAXIMUM STAY LENGTH - Exemptions

1. Written contract or agreement with business, corporation, firm, or valid governmental agency to house employees or individuals on valid work orders.
2. Hotel guests considered family or providing care for a patient who is admitted at a local hospital.
3. When an insurance company or federal, state, or local agency has provided documentation that a hotel guest has been displaced from their home by a natural disaster or fire.
4. Where there is a written contract or documented agreement between a hotel, motel, or extended-stay hotel and an organization to provide emergency or transitional housing/shelter.