

Courthouse 1<sup>st</sup> Floor  
P.O. Box 430  
Murphysboro, IL 62966

Phone: 618-687-7350  
Fax: 618-684-5235  
Office Hours: 8:00 a.m. – 4:00 p.m.

**HOTEL AND MOTEL USE TAX RETURN**

**Statement of Receipts under the provisions of the Jackson County, Illinois Hotel Tax Ordinance:**

Name of Business: \_\_\_\_\_

Name of Owner or Operator(s): \_\_\_\_\_  
(Name of Individual, Partnership, Corporation or other entity)

Location of Hotel/Motel/Establishment: \_\_\_\_\_  
( Give exact street address)

Number of Rooms available for rent: \_\_\_\_\_

Principal Office Address: \_\_\_\_\_  
( Give exact street address)

Tax return for the month and year: \_\_\_\_\_  
( Tax due within 30 days of ending date set forth below)

Computation of tax for period beginning \_\_\_\_\_ and ending \_\_\_\_\_

1. Room Rental receipts.....\$ \_\_\_\_\_
2. Deduction for permanent guests room rental receipts.....\$ \_\_\_\_\_
3. Net receipts ( Item 1 minus Item 2).....\$ \_\_\_\_\_
4. Amount of County Tax ( 5% of Item 3).....\$ \_\_\_\_\_
5. Add penalty, if delinquent ( 1 1/2% per month).....\$ \_\_\_\_\_
6. Total tax due ( items 4 and 5).....\$ \_\_\_\_\_

Tax must be paid monthly directly to County Treasurer. This remittance must accompany your payment.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_