

**City of Canton, Illinois  
Hotel/Motel Operators Tax Return**

Remittance Payable To: City of Canton  
2 N Main St  
Canton IL 61520

Filing Month 20\_\_  
\_\_Jan            \_\_July  
\_\_Feb            \_\_Aug  
\_\_Mar            \_\_Sept  
\_\_Apr            \_\_Oct  
\_\_May            \_\_Nov  
\_\_June           \_\_Dec

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
City State and Zip Code: \_\_\_\_\_

**NOTE: This return must be filed on or before the last day of each calendar month succeeding the end of the monthly filing period. (Attach a copy of the Illinois Department of Revenue Form RHM-1.)**

Hotel/Motel Establishments

- Total Gross Receipts from Rental of Rooms (exclusive of any taxes) 1. \_\_\_\_\_
- Deductions Authorized  
Receipts from Rooms Rented to Permanent Residents 2. \_\_\_\_\_
- Total Taxable Receipts 3. \_\_\_\_\_  
Multiply Taxable Receipts by 0.05 \_\_\_\_\_  
(as displayed on line 7 of the RHM-1 form)
- Total Tax 4. \_\_\_\_\_
- Tax Penalties or Interest from Previous Month As per Ordinance 5. \_\_\_\_\_
- Amount of Hotel/Motel Tax Due 6. \_\_\_\_\_

The undersigned representative of said taxpayer by the execution hereof does authorize the Illinois Department of Revenue to release to the City upon demand by the City all Hotel/Motel Operators Occupation Tax Returns filed by the taxpayer with the Illinois Department of Revenue shall constitute sufficient authority for the Revenue Department to release information to the City.

Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for which this is filed.

PRINTED NAME OF TAXPAYER \_\_\_\_\_

SIGNATURE OF TAXPAYER \_\_\_\_\_

SIGNATURE OF PERSON PREPARING RETURN \_\_\_\_\_