



CITY OF CAHOKIA HEIGHTS

Curtis L. McCall, Sr. Mayor

103 Main Street

Cahokia Heights, Illinois 62206

Office: 618- 337-9500

Fax: 618 - 215 - 7203

(This return must be filed on the 20th day of the following month before for taxable sales made during the preceding month)

Hotel / Motel Tax for the month of _____ 20 ____ .

NAME OF RETAILER: _____

OWNER'S NAME: (Print) : _____

ADDRESS OF RETAILER: _____

TAX IDENTIFICATION NUMBER: _____

- 1. Total Sales: Should agree with state tax return (see ordinance no. 21-1397) _____
- 2. Deduction of general merchandise sale _____
- 3. Sales of prepared food and beverage for immediate consumption _____
- 4. MULTIPLY BY 7% TAX RATE (.07) _____
- 5. **TAX DUE AND PAYABLE (with no late charges)** _____

(If your payment is late you must apply the following three steps)

- 6. Add 10% penalty if not paid by the last day of the month before
for taxable sales made during the preceding month _____
- 7. Total of lines 5 and 6 _____
- 8. Add 1.25% interest to line 7 _____
- 9. TOTAL PAYMENT DUE WITH PENALTY & INTRESET _____
(SUM OF LINE 7 & 8)

PLEASE ATTACH A COPY OF YOUR STATE SALES TAX RETURN TO PROCESS YOUR TAX RETURN.

MAKE CHECK PAYABLE TO: CITY OF CAHOKIA HEIGHTS

RETURN FORM TO: CITY OF CAHOKIA HEIGHTS
BUSINESS LICENSE DEPARTMENT
ATTN: DEMARIO HELM OR MARILYN STRINGFELLOW
103 MAIN STREET
CAHOKIA HEIGHTS, IL 62206

Under penalties of perjury, I declare I have examined the return including accompanying schedules and statement and to the best of my knowledge and belief, it is true, correct and complete.

Print Name:

Signature:

Title:

Date: