



Bill Hintz – Village President

Karen L. Hopkins – Village Clerk

Nick Gottwalt – Village Director

(309) 792-8235

1001 Mansur Avenue - P.O. Box 426 - Carbon Cliff, Illinois 61239

www.Carbon-Cliff.com

Hotel Accommodation Tax Return Form

_____ COMPANY NAME		_____ DOING BUSINESS AS	
_____ BUSINESS ADDRESS		_____ E-MAIL ADDRESS	
_____ CITY	_____ STATE	_____ ZIP	
_____ HOTEL / MOTEL REGISTRATION NUMBER		_____ COMPUTATION OF TAX FOR (MONTH / YEAR)	

1. Total Receipts of Gross Hotel Accommodation Rentals or Leasing Charges \$ _____
2. Amount of Village of Carbon Cliff Hotel Accommodation Tax Due (Item #1 X 5%) \$ _____
3. Add 2% Penalty If Return or Payment Is Late for Each Month or Portion Thereof \$ _____
4. Total Due to the Village of Carbon Cliff (Total of Items # 2 & # 3) \$ _____
5. **MUST** include copy of Illinois Department of Revenue form RHM-1 Hotel Operators' Occupation Tax Return

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

Signature: _____

Date: _____

FINAL RETURN YES NO

_____ NAME	_____ TITLE
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Due By 30th Day of Succeeding Calendar Month

The rate of the Carbon Cliff Hotel Accommodation Tax is 5% of the gross rental or leasing charge. Use your registration number when writing the Treasurer's Office regarding hotel accommodation tax.

Retain One Copy and Mail One Copy To: **Carbon Cliff Treasurer's Office
1001 Mansur Avenue
P.O. Box 426
Carbon Cliff, Illinois 61239-0426**

Business Sold or Business Discontinued Date: _____

If the business has been discontinued and/or no longer incurs liability for tax, please answer the following:

New Owner's Information

COMPANY NAME	DOING BUSINESS AS	
BUSINESS ADDRESS	E-MAIL ADDRESS	
CITY	STATE	ZIP

Former Owner's Information

COMPANY NAME	DOING BUSINESS AS	
BUSINESS ADDRESS	E-MAIL ADDRESS	
CITY	STATE	ZIP