



# **HOTEL TOURISM TAX**

**CITY OF ALTON, ILLINOIS**

**TREASURER'S OFFICE**

101 E. Third Street • Suite 102 • Alton IL 62002

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**This return filed for the period:** \_\_\_\_\_  
(month/qtr/year)

**DUE NO LATER THAN:** \_\_\_\_\_  
(end of the following month)

*If payment is not received by due date, a late fee is applicable.*

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

*Under penalty as provided by law, I declare that I have examined this return and, to the best of my knowledge and belief, it is true and correct.*

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Submit a copy of your Illinois Form RHM-1. An RHM-22 must be attached if receipts are being reported from more than one location.

- 1. TOTAL RECEIPTS \_\_\_\_\_
- 2. DEDUCTIONS \_\_\_\_\_
- 3. NET RECEIPTS \_\_\_\_\_
- 4. TAX BASE: LINE 3 x .877 \_\_\_\_\_
- 5. TAX DUE: LINE 4 x .08 \_\_\_\_\_
- 6. LATE FEE: 10% OF LINE 5 \_\_\_\_\_
- 7. PENALTIES OR PREVIOUS ERRORS/ADDITIONS \_\_\_\_\_
- 8. ADD LINES 5 + 6 + 7 \_\_\_\_\_
- 9. CREDITS \_\_\_\_\_
- 10. TOTAL TAX PAYABLE (LINE 8 LESS LINE 9) \_\_\_\_\_

**Make checks payable to: CITY OF ALTON TOURISM TAX FUND**