



City of Freeport, Illinois

Office of Finance and Budget

314 W. Stephenson Street
Freeport, Illinois 61032
Telephone (815) 297-1300
Facsimile (815) 599-5819

Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: January-17

Due by Month End: February-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 West Stephenson Freeport, IL 61032

Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

1. List total receipts: \$ _____
2. Multiply Line 1 by .05 (Total tax due to City): \$ _____

Make your check payable to : **CITY OF FREEPORT**

This return, along with a payment equal to line 2 below, is due to the Finance Department on or before the due date indicated on this form. If the return and appropriate payment is not received by the due date, a 10 percent penalty may be imposed on the total tax due. An additional interest penalty may be assessed at the rate of 2 percent per thirty-day period, or portion thereof for each day of delinquency.

"Under penalties of perjury and other penalties which include a fine, imprisonment, or both; I affirm the information in this return is true and accurate to the best of my knowledge and belief and is taken from the books and records of the business for which this return is filed."

Signature _____ Title _____ Date _____ Phone Number _____



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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: February-17

Due by Month End: March-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

- 1. List total receipts: \$ _____
- 2. Multiply Line 1 by .05 (Total tax due to City): \$ _____

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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: March-17

Due by Month End: April-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

- 1. List total receipts: \$ _____
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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: April-17

Due by Month End: May-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

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- 1. List total receipts: \$ _____
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5% Tax

For Month of: May-17

Due by Month End: June-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

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1. List total receipts: \$ _____
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5% Tax

For Month of: June-17

Due by Month End: July-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

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- 1. List total receipts: \$ _____
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For Month of: July-17

Due by Month End: August-17

Name: _____
Address: _____

MAIL TO:

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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

1. List total receipts: \$ _____
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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: August-17

Due by Month End: September-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

1. List total receipts: \$ _____
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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: September-17

Due by Month End: October-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

- 1. List total receipts: \$ _____
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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: October-17

Due by Month End: November-17

Name: _____
Address: _____

MAIL TO:

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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

- 1. List total receipts: \$ _____
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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: November-17

Due by Month End: December-17

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

1. List total receipts: \$ _____
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Operators Tax Return for City of Freeport Hotel/Motel

5% Tax

For Month of: December-17

Due by Month End: January-18

Name: _____
Address: _____

MAIL TO:

FINANCE DEPARTMENT 314 W. Stephenson Street Freeport, IL 61032
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Name of Person Filing Return: _____

A copy of your Illinois Department of Revenue hotel Operators' Occupation Tax Return must accompany this return.

- 1. List total receipts: \$ _____
- 2. Multiply Line 1 by .05 (Total tax due to City): \$ _____

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