

City of Countryside
HOTEL / MOTEL TAX REMITTANCE

Current Date: _____

Remittance from: _____

Tax ID #: _____

Billing Period Ended: _____

CALCULATION

Gross Receipts for the month of _____
(List Room Occupancy Charges only) \$ _____

Tax Rate is 5% of Gross Receipts

Amount of Hotel/Motel Tax due and paid herewith \$ _____

(Check # _____ , date of check _____)

CERTIFICATION

The undersigned certifies that the information set forth in this return is true and accurate to the best of his/her knowledge and belief and is taken from the books and records of the business for which the return is made.

(Signature)

(Name)

(Title)