CITY OF PEORIA, ILLINOIS
BUSINESS DEVELOPMENT DISTRICT
HOTEL/MOTEL TAX RETURN

TAXPAYER #: ________________________________________
(Use City of Peoria Municipal Tax Taxpayer #)

Business Name:     ______________________________________________  This return filed for the period:

Local Address: ______________________________________________  FROM: __________________________     TO: ________________________

City:         _______________________________   State: ________  Under penalty as provided by law, I declare that I have examined this return and
Zip Code: ____________________  Phone:___________________  accompanying schedules and to the best of my knowledge and belief it is true
Corporate Name: ________________________________________  and correct and is taken from the books and records of the business for which
this is filed.  All returns must be filed on or before the last day of the calendar
month succeeding the end of the filing period.

______________________________________________________  _______________________________________________________________
Taxpayer signature and title        Preparer’s signature and phone number

This form is to be completed by Hotel/Motel establishments located in
the Business Development District only.

| TAXABLE RECEIPTS: (From line 5 of Municipal Tax Return) | 1. |
| AMOUNT OF TAX: (Line 1 multiplied by 1.0%) | 2. |
| LATE INTEREST: (Line 2 multiplied by 3.0% per month) | 3. |

TOTAL BUSINESS DEVELOPMENT DISTRICT HOTEL /MOTEL TAX & CHARGES DUE:
(Line 2 + 3) 4.

Please Note:

One check can be written to include both this tax and the Municipal Tax.

06/19