



## CITY OF PEORIA, ILLINOIS SHORT-TERM RENTAL TAX WORKSHEET

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### *City of Peoria – Short-Term Rental Tax Requirement*

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-  When renting a short-term rental unit within the City of Peoria, a total tax of **8%** is imposed on each rented unit for each **24-hour period or any portion thereof**. If the rental period exceeds **30 consecutive days**, the tax does not apply. **This is the only allowable deduction.**
-  Taxes must be reported **quarterly** through the **Host Compliance website**. Payments **cannot be remitted directly to the City** and must be submitted through the web portal.
-  The City requires that all applicable short-term rental taxes be **remitted annually at the time of license renewal in January**.
-  Use the provided **worksheet** to calculate taxes for each quarter. You may use more than one worksheet if needed. Scan or print and **upload the completed worksheet to the web portal as your “Tax Return” form**.
-  You must also **include a copy of your State Sales Tax return** showing taxable room stays for the property covering the entire period for which taxes are being submitted.



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DUE DATE: Returns are filed ANNUALLY or QUARTERLY on the last day of the month following the reporting period, unless otherwise authorized. Even if no sales occur or qualify for the tax, you must submit a zero return.

SECTION 1 - BUSINESS INFORMATION

Short-Term License # \_\_\_\_\_ Reporting Period: \_\_\_\_\_ TO \_\_\_\_\_

Business Name & DBA: \_\_\_\_\_

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

Location (If Different from Mailing): \_\_\_\_\_

SECTION 2 - ROOM RENTAL TAX

- 1. NUMBER OF NIGHTS AVAILABLE \_\_\_\_\_
2. NUMBER OF NIGHTS OCCUPIED \_\_\_\_\_
3. NIGHTLY ROOM RENTAL RATE \$ \_\_\_\_\_
4. TAXABLE RECEIPTS (Gross Sales of Room Stays) \$ \_\_\_\_\_
5. AUTHORIZED DEDUCTIONS (Room Stays 30+ days) \$ \_\_\_\_\_
6. TOTAL TAXABLE RECEIPTS (Line 1 minus Line 2) \$ \_\_\_\_\_
7. AMOUNT OF TAX DUE (Line 3 multiplied by 8%) \$ \_\_\_\_\_

SECTION 3 - CERTIFICATION

The undersigned certifies that this return is true and accurate to the best of their knowledge/belief and information provided is taken from the books and records of the business for which this return is filed.

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

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Upload this Return to the Online Short-Term Rental Portal.

All Completed Returns must include a copy of the filed State of Illinois Tax Return of the corresponding reporting period.