

**CITY OF MARION, ILLINOIS
OCCUPANCY TAX REPORT**

NAME OF ESTABLISHMENT _____
ADDRESS _____

REGISTRATION NUMBER _____

MONTH ENDING _____ 20_____

DUE DATE LAST DAY OF MONTH FOLLOWING THE MONTH
OF COLLECTION.

GROSS RECEIPTS FROM ROOM RENTALS INCLUDING TAXES 1 _____

LESS TAXES COLLECTED 2 (_____)

LESS PERMANENT RESIDENT EXEMPTION 3 (_____)

GROSS RECEIPTS LESS TAXES AND EXEMPTION 4 _____

GROSS TAX (LINE 4 TIMES 9%) 5 _____

PENALTY (1% FOR EACH MONTH RETURN IS LATE) 6 _____

TAX AND PENALTY (LINE 5 PLUS LINE 6) 7 _____

MAKE CHECK PAYABLE TO CITY OF MARION

I, THE UNDERSIGNED DO HEREBY AFFIRM THE INFORMATION CONTAINED HEREIN
TO BE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

PRINTED NAME

PHONE NUMBER