



City of Darien
MUNICIPAL HOTEL TAX
1702 Plainfield Rd
Darien, IL 60561
(630) 852-5000

MUNICIPAL HOTEL TAX RETURN

Business Name: _____

Doing Business As: _____

Reporting Period: _____

FEIN: _____

IL Sales Tax # _____

Taxes must be paid by the 20th day of each month.

1.	Gross Receipts during prior month upon the Basis of which the tax is imposed:	\$ _____
2.	Amount of Tax (Multiply Line 1 by 5% (.05))	\$ _____
3.	Total Payment Due	\$ _____
4.	Penalty (3%) late payment if paid after the 20th	\$ _____
5.	Total Payment Due	\$ _____

Please make checks payable to the “**City of Darien**” and mail your return and tax payment to the City of Darien, at the address listed above.

Under penalties as provided by law, I declare that to the best of my knowledge and belief, the information on this return is true, correct and complete.

Signature

Date

Printed Name & Title

Phone Number