

VILLAGE OF WILLOWBROOK
MUNICIPAL HOTEL TAX
835 MIDWAY DRIVE
WILLOWBROOK, IL 60527
(630) 323-8215

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 6% (.06) | \$ | _____ |
| 3. Total Payment Due | \$ | _____ |

Please make checks payable to the “**Village of Willowbrook**” and mail your return and tax payment to the Village of Willowbrook, 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