

Month covered _____

**CITY OF MASCOUTAH
HOTEL/MOTEL TAX RETURN**

Name of hotel or motel _____

Name of owner/operator _____

Address of hotel or motel _____

Total receipts for the month _____

Receipts attributable to permanent residents _____

Tax collected for the month _____

Tax paid with the return for the month _____

I confirm that to the best of my knowledge this return is true and accurate and the tax due and owing for the month is correct as shown on this return.

Signature of Owner/Operator

Printed Name