



SHORT-TERM RENTAL TAX RETURN

For the Period: _____, _____
(Month) (Year)

Name of Rental Owner/Operator: _____

Business Name (D/B/A), if different: _____

Local address of business: _____

1. Total Rent charged: _____

2. Applicable Tax Rate (6%): _____ **x .06**

3. Amount of Tax Due: _____

LATE FILING CHARGES (if applicable):

If paid after the 25th day of the month following the month charged, interest and late penalties are to be included:

4. **Interest – 2% charge per month (or portion thereof)** for each month tax payment is late: (Line 3 x .02 per late month) _____
[per Municipal Code Sec. 25.13-11(a)]

5. **Late Penalty – 5%:** (Line 3 x .05) _____
[per Municipal Code Sec. 25.13-11(b)]

6. **Total Due:** (Sum of Lines 3 through 5) _____

CERTIFICATION

The undersigned certifies that the information set forth in this return is true and accurate, to the best of his/her knowledge and belief, and that the amounts above were taken from the books and records of the business for which the return is made.

Date: _____

Signed: _____

Name: _____

Submit form & payment to:

Title: _____

Town of Normal

Phone: _____

Finance Dept.

P.O. Box 589

Corporate Address (if different from above):

Normal, IL 61761

