



## 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*

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