Illinois Department of Revenue

RHM-1 Hotel Operators' Occupation Tax Return

REV 4   Form 475

E S ___/___/___

NS   DP   CA

Station no. 515   Do not write above this line.

Identify your business

Account ID: ___ ___ ___ ___ ___ ___ ___ ___

☐ Check here if your address has changed.

Tell us the liability period for which you are filing this return:

License no. **HM -** ___ ___ ___ ___ ___

☐ Month of: __ __/___ __

☐ Quarter ending: __ __/___ __

Business name _____

☐ Year: __ __ __ __

Business address _____
Number and street

Is this a final return (you are no longer in business)? ☐ yes ☐ no

_____
City   State   ZIP

Step 1: Figure your taxable base

1	Total receipts. (Includes all room rental receipts, state, and local tax collected for this reporting period.)	1	_____|____
2	Local tax deduction	2	_____|____
3	Permanent residents deduction	3	_____|____
4	Other deductions (Describe each deduction by item *and* amount on the lines below) **Example:** foreign diplomats: $1,000.00, meeting rooms: $200.00		

_____

_____

_____ Total other deductions: **4**   _____\|____

5	**Subtraction for** MPEA Hotel Tax collected.	5	_____|____
6	**Add Lines 2 through 5.** This is your total deductions.	6	_____|____
7	**Subtract Line 6 from Line 1.** This is your taxable base.	7	_____|____

Step 2: Figure your total tax

8	State tax. **Multiply Line 7 by .0564**	8	_____|____
9	Chicago taxes. **Multiply Line 7 by .05235**	9	_____|____
10	Add Lines 8 and 9. This is your total tax.	10	_____|____

Step 3: Figure your discount

11	**If you file and pay on time, multiply Line 10 by .021**	11	_____|____

Step 4: Figure your payment due

12	Subtract Line 11 from Line 10. This is your **net tax due.**	12	_____|____
13	If you collected too much tax, report the amount of excess tax you collected.	13	_____|____
14	**Add Line 12 and Line 13. This is your tax due.**	14	_____|____
15	If you have credit, tell us the amount of credit you wish to apply.	15	_____|____
16	**Subtract Line 15 from Line 14. This is your total tax due. Pay this amount.**	16	_____|____

Step 5: Sign below

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete. The information in this return is taken from the records of the business for which it is filed.

_____   _____   ____/____/_____   (____)____-_____
Taxpayer's signature   Title   Date   Telephone (Include area code)

_____   ____/____/_____   (____)____-_____
Preparer's signature   Date   Telephone (Include area code)

RHM-1 (R-05/13)