



CITY OF HARVARD – HOTEL/MOTEL TAX COLLECTION REPORT

Please complete the following form:

BUSINESS NAME: _____

OWNER NAME: _____

ADDRESS: _____

TELEPHONE #: _____

FEIN #: _____

PAYMENT QUARTER:

- Jan – Mar**
- Apr – Jun**
- Jul – Sep**
- Oct - Nov**

CALCULATE YOUR TAX DUE FOR THE QUARTER REPORTING:

_____ \$ _____ x 0.05 = \$ _____
Month/Year Room Revenue Total Tax Due

_____ \$ _____ x 0.05 = \$ _____
Month/Year Room Revenue Total Tax Due

_____ \$ _____ x 0.05 = \$ _____
Month/Year Room Revenue Total Tax Due

1. PAYMENT OPTIONS:

2. Mail completed form with payment to:
3. Attn: City Treasurer
4. CITY OF HARVARD
5. P.O. Box 310
6. Harvard, IL. 60033

OR:

Payments may be made online via **Credit or Debit Card** as follows:

1. Complete fillable form above
2. Print Form
3. Choose the PayGov link on our Home Page
4. Choose drop down arrow in the City of Harvard: Tax Box
5. Choose Hotel/Motel and proceed with payment information
6. Print payment receipt and mail in with completed form to the address above OR scan form and receipt and email to bookkeeper@cityofharvard.org