



ROOM TAX RECEIPTS MONTHLY REPORT

PLEASE FILL IN ALL BLANKS COMPLETELY AS INCOMPLETE REPORTS WILL BE REJECTED. THIS REPORT MUST BE RETURNED TO THE VILLAGE OF JOHNSBURG ON OR BEFORE THE LAST DAY OF THE FOLLOWING MONTH.

Owner or Operator Name: _____
Last First Middle

Business Name: _____

Mailing Address: _____

Phone: _____

E-mail Address: _____

Month Ending: _____

GROSS RECEIPTS: _____

GROSS TAX: _____
(5% of Gross)

OPERATOR'S SIGNATURE

_____ DATE: _____

Complete and Submit to:
Village of Johnsburg
1515 Channel Beach Ave
Johnsburg, IL 60051
815-385-6023
(fax) 815-385-6054