



## VILLAGE OF BOLINGBROOK HOTEL ROOM TAX REMITTANCE FORM

**Date** \_\_\_\_\_

**Bolingbrook Business Name** \_\_\_\_\_

**Bolingbrook Business Address** \_\_\_\_\_

**Corporate Name** \_\_\_\_\_

**Remittance Month & Year** \_\_\_\_\_

**Gross Rental Receipts** \$ \_\_\_\_\_

**Tax Rate (11.0%)** \$ \_\_\_\_\_

**Total Tax Due** \$ \_\_\_\_\_

**Special Event** \_\_\_\_\_

**Prepared By (Print Name)** \_\_\_\_\_

**Contact phone or email** \_\_\_\_\_

**PLEASE RETURN THE COMPLETED FORM AND PAYMENT TO:**

Village of Bolingbrook  
Finance Director's Office  
375 W. Briarcliff Road  
Bolingbrook, IL 60440  
Attn: Hotel Room Tax Remittance

**ONLINE PAYMENTS ACCEPTED BY VISITING:**

<https://bolingbrookil.portal.opengov.com/categories/1086>

The monthly tax return shall be filed with the Finance Department Director's Office by the fifteenth day (15) of the month for the preceding month's receipts. As provided by the Ordinance 03-43 and as amended by Ordinance 14-033 of the Municipal Code of the Village of Bolingbrook, Will & DuPage Counties, Illinois.