



**CITY OF HARVARD  
HOTEL TAX COLLECTION REPORT**

**Please complete the following:**

**BUSINESS NAME:** \_\_\_\_\_

**OWNER NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

**FEIN #:** \_\_\_\_\_

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**PAYMENT QUARTERS:**

- JAN-MAR
- APR-JUN
- JUL-SEP
- OCT-NOV

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**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

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**PAYMENT OPTIONS:**

**Mail Completed form with payment to:**

Attn: City Treasurer  
City of Harvard  
P.O. Box 310  
Harvard, IL. 60033

Or, payment may be made electronically by visiting the payment option by using the following link\*:

<https://tinyurl.com/y33swagd>

\*Completed form must still be submitted. Email forms acceptable to the following address:

[bookkeeper@cityofharvard.org](mailto:bookkeeper@cityofharvard.org)