

# CITY OF DANVILLE MUNICIPAL TAX RETURN

**Please use this form starting with your February return that is due March 25, 2010**

**Business Name & Local Address**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Filing Month \_\_\_\_\_

Federal ID# \_\_\_\_\_

IBT # \_\_\_\_\_



**Corporate Name & Mailing Address (if different)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*\*If reporting multiple locations on one tax return, you must attach MULTIPLE LOCATION REPORTING form\*\*.

► **MOTOR FUEL TAX** Under City Code of Ordinances, Ordinance #8350 & Amended Ordinance #8578

- 1. Total gross Gallons ..... \*\* \_\_\_\_\_
- 2. Tax Rate of \$0.056 per gallon ..... x .056
- 3. Amount of Motor Fuel Tax ..... \_\_\_\_\_

► **DISEL FUEL TAX** Under City Code of Ordinances, Ordinance #8350 & Amended Ordinance #8578

- 4. Total gross Gallons ..... \*\* \_\_\_\_\_
- 5. Tax Rate of \$0.027 per gallon ..... x .027
- 6. Amount of Diesel Fuel Tax ..... \_\_\_\_\_

► **FOOD & BEVERAGE TAX** Under City Code of Ordinances, Ordinance #8348 (This tax does not apply to grocery items)

- 7. Total gross receipts from food & beverages, Exclusive Of Any Taxes ..... \*\* \_\_\_\_\_
- 8. Privilege Tax Rate of 2% ..... x .02
- 9. Amount of Food & Beverage Tax ..... \_\_\_\_\_

10. Subtotal (Add lines 3 & 6 & 9) ..... \_\_\_\_\_

11. Prompt payment compensation, DEDUCT 1% if filed by the 25<sup>th</sup> of the month succeeding the filing month (Line 7 x .01) ( \_\_\_\_\_ )

12. Penalty of 5% per month (Line 10 times .05 if filed late and prior to notice of delinquency) ..... \_\_\_\_\_

13. Interest of 2% per month if filed late (Line 10 times .02) ..... \_\_\_\_\_

14. Failure - to - File Penalty of 25% (Line 10 times .25 after notice of delinquency is received) ..... \_\_\_\_\_

**Total Tax to be remitted** (Add lines 10 through 14) .....

**UNDER PENALTIES AS PROVIDED BY LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, & BELIEF, THE INFORMATION ON THIS FORM IS TRUE, CORRECT, AND COMPLETE.**

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Telephone Number

Make Check Payable To: **City of Danville**, 17 W. Main, Danville, IL 61832

Questions? Contact City of Danville Finance Department at 217-431-2330 or Email athompson@cityofdanville.org