

CITY OF DANVILLE MUNICIPAL TAX RETURNS

Please use this form starting with your April 2019 return

Business Name & Local Address

Filing Month _____

Federal ID# _____

Illinois Business Tax # _____

Corporate Name & Mailing Address



****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 \$0.086 per gallon	_____ x.086
3. Amount of Motor Fuel Tax	_____
DIESEL FUEL TAX Under City Code of Ordinances, Ordinance #8350 & Amended Ordinance #8578	
4. Total gross Gallons	_____
5. Tax Rate of \$0.057 per gallon	_____ x.057
6. Amount of Diesel Fuel Tax	_____
FOOD AND BEVERAGE TAX Under City Code of Ordinances, Ordinance #8348	
7. Total gross receipts from food & beverages, Exclusive Of Any Taxes	_____
8. Privilege Tax Rate of 1%	_____ x.01
9. Amount of Food & Beverage Tax	_____
10. Subtotal (Add lines 3 & 6 & 9)	_____
11. Prompt payment compensation, DEDUCT 1% if filed by the 25th of the month succeeding the filing month (Line 10 times .01) (_____)	_____
12. Penalty of 5% per month if filed after the 1st of the month succeeding the month due (Line 10 times .05)	_____
13. Interest of 2% per month if filed after the 1st of the month succeeding the month due (Line 10 time .02)	_____
14. Failure to File Penalty of 25% per month if filed after the 1st of the month succeeding the month due (Line 10 times .25)	_____
Total Tax to be remitted	(Add Lines 10 through 14) _____

UNDER PENALTY OF LAW, I DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION ON THIS FORM IS TRUE, CORRECT AND COMPLETE

Signature of Taxpayer

Title

Date/ Phone Number

Signature of Preparer

Company Name

Date/ Phone Number

Make Check Payable to : City of Danville, 17 W Main, Danville IL 61832
 Questions? Contact City of Danville Finance Department at 217-431-2200 or email sscott@cityofdanville.org