



CITY OF DANVILLE MUNICIPAL TAX RETURN
Multiple Location Reporting

Business Name _____ ITB# _____

Location Address	Total Gross Receipts From Alcohol Sales	Total Gross Receipts from Food & Bev.	Total Gross Gallons Gas	Total Gross Gallons Diesel
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
_____	\$ _____	\$ _____	_____	_____
Totals	\$ _____	\$ _____	_____	_____

TRANSFER TOTALS TO:

Line 6 of combined Hotel/Alcohol/F&B	Line 9 of combined Hotel/Alcohol/F&B OR Line 7 of combined Motor Fuel/F&B	Line 1 of combined Motor Fuel/F&B	Line 4 of combined Motor Fuel/F&B
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If combining multiple locations on the City of Danville Municipal Tax Return, **you must also include this form.**
 Questions? Contact City of Danville Finance Dept. at 217-431-2330 or Email Athompson@cityofdanville.org