

HOTEL, ALCOHOL, FOOD & BEVERAGE TAX RETURN

Business Name & Local Address

Corporate Name & Mailing Address (if different)



Filing Month _____

Federal ID# _____

Illinois Business Tax # _____

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

▶ HOTEL/MOTEL ROOM TAX Under City Code of Ordinances, Chapter 116.37

- 1. Total gross receipts from rental of rooms, Exclusive Of Any Taxes _____
- 2. Total Authorized Deduction: Receipts from rented to persons as principal place of residence (Supporting Documents must accompany return). _____
- 3. Taxable Receipts (Line 1 minus Line 2) _____
- 4. Privilege Tax Rate of 6% _____
- 5. Amount of **Hotel/Motel Tax** _____

▶ ALCOHOLIC BEVERAGE RETAIL PURCHASE TAX FOR PACKAGE LIQUOR SALES

Under City Code of Ordinances, Chapter 116.52

- 6. Total gross receipts from the sale of alcoholic beverages, Exclusive Of Any Taxes. ** _____
- 7. Privilege Tax Rate of 3% _____
- 8. Amount of **Alcoholic Beverage Tax** _____

▶ ALCOHOLIC BEVERAGE RETAIL PURCHASE TAX FOR TAVERNS AND RESTAURANTS

Under City Code of Ordinances, Chapter 116.52

- 6. Total gross receipts from the sale of alcoholic beverages, Exclusive Of Any Taxes. ** _____
- 7. Privilege Tax Rate of 1% _____
- 8. Amount of **Alcoholic Beverage Tax** _____

▶ FOOD & BEVERAGE TAX Under City Code of Ordinance, Ordinance 8348 & Amended Ordinance #8672

- 9. Total gross receipts from food & beverages, including liquor, Exclusive Of Any Taxes ** _____
- 10. Privilege Tax Rate of 1% _____
- 11. Amount of **Food & Beverage Tax** _____

12. **Subtotal** (Add lines 5, 8, & 11) _____

13. **Prompt payment compensation, DEDUCT 1%** if filed by the 25th of the month succeeding the filing month (Line 12 times .01) (_____)

14. **Penalty of 5% per month** (Line 12 times .05 if filed late and prior to notice of delinquency) _____

15. **Interest of 2% per month if filed late** (Line 12 times .02) _____

16. **Failure – to – File Penalty of 25% per month** (Line 12 times .25) _____

Total Tax to be remitted (Add lines 12 through 16)

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

Title

Date Signed

Telephone Number

Signature of Preparer

Company Name

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 gbrandon@cityofdanville.org