

CITY OF DANVILLE MUNICIPAL TAX RETURN

Please use this form starting with your July return that is due August 25, 2010

Business Name & Local Address



Filing Month _____

Federal ID# _____

Illinois Business Tax # _____

Corporate Name & Mailing Address (if different)

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% x .06
- 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% x .03
- 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% x .01
- 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% x .01
- 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

Signature of Preparer

Title

Company Name

Date Signed

Telephone Number

Date Prepared

Telephone Number