

CITY OF DANVILLE MUNICIPAL TAX RETURNS



Business Name & Local Address

Corporate Name & Mailing Address

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	_____
2. Total Authorized Deductions (Attach Supporting Documents)	_____
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 PURCHASES TAX FOR PACKAGE LIQUOR SALES	
Under City Code of Ordinances, Chapter 116.52	
6. Total gross receipts from the sale of alcoholic beverages	_____
7. Privilege Tax Rate of 3%	_____ x.03
8. Amount of Alcoholic Beverage Tax	_____
ALCOHOLIC BEVERAGE RETAIL PURCHASES TAX FOR TAVERNS AND RESTAURANTS	
Under City Code of Ordinances, Chapter 116.52	
9. Total gross receipts from the sale of alcoholic beverages	_____
10. Privilege Tax Rate of 1%	_____ X.01
11. Amount of Alcoholic Beverage Tax	_____
FOOD AND BEVERAGE TAX Under City Code of Ordinances, Ordinance #8348 & Amended #8672	
12. Total gross receipts from food & beverages, Exclusive Of Any Taxes	_____
13. Privilege Tax Rate of 1%	_____ x.01
14. Amount of Food & Beverage Tax	_____
15. Subtotal (Add lines 4 & 8 & 11 & 14)	_____
16. Prompt payment compensation, DEDUCT 1% if filed by the 25th of the month succeeding the filing month (Line 15 times .01) (_____)	_____
17. Penalty of 5% per month if filed after the 1st of the month succeeding the month due (Line 15 times .05)	_____
18. Interest of 2% per month if filed after the 1st of the month succeeding the month due (Line 15 time .02)	_____
19. Failure to File Penalty of 25% per month if filed after the 1st of the month succeeding the month due (Line 15 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 _____

Signature of Preparer _____

Title _____

Company Name _____

Date/ Phone Number _____

Date/ Phone Number _____