



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 Line 1 of combined
Motor Fuel/F&B Line 4 of combined
Motor Fuel/F&B
OR Line 7 of combined
Motor Fuel/F&B

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 sscott@cityofdanville.org