

**CITY OF PEORIA, ILLINOIS  
WESTLAKE SHOPPING CENTER  
SERVICE AREA TAX RETURN**

TAXPAYER #: \_\_\_\_\_  
(Use City of Peoria Municipal Tax Taxpayer #)

Business Name: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Corporate Name: \_\_\_\_\_

This return filed for the period:  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Under penalty as provided by law, I declare that I have examined this return and accompanying schedules and to the best of my knowledge and belief it is true and correct and is taken from the books and records of the business for which this is filed. All returns must be filed on or before the last day of the calendar month succeeding the end of the filing period.

\_\_\_\_\_  
Taxpayer signature and title

\_\_\_\_\_  
Preparer's signature and phone number

<b>This form is to be completed by the establishments located in the Westlake Shopping Area only.</b>		
<b>TAXABLE RECEIPTS:</b> (From line 3 of Sales and Use State Return)	1.	
<b>AMOUNT OF TAX:</b> (Line 1 multiplied by .75%)	2.	
<b>LATE PENALTY:</b> (Line 2 multiplied by 3.0%) per month	3.	
<b>TOTAL WESTLAKE SHOPPING CENTER TAX &amp; CHARGES DUE:</b> (Line 2 + 3)	4.	
<b>Please Note:</b>		
<b>Please write separate checks for this tax and the Municipal Tax.</b>		