



CITY OF PEORIA, ILLINOIS
MUNICIPAL TAX RETURN

DUE DATE: Returns are filed monthly on the last day of the month following the reporting period, unless otherwise authorized. Even if no sales occur, you must submit a zero return.

SECTION 1 - BUSINESS INFORMATION

City Assigned Taxpayer #: Business # Reporting Period: TO

Business Name & DBA:

Mailing Address:

Location (If Different from Mailing):

SECTION 2 - HOTEL/MOTEL TAX

- 1. TAXABLE RECEIPTS (Gross Sales of Room Stays) \$
2. AUTHORIZED DEDUCTIONS (Room Stays 30+ days) \$
3. TOTAL TAXABLE RECEIPTS (Line 1 minus Line 2) \$
4. AMOUNT OF TAX (Line 3 multiplied by 8%) \$
5. LATE PENALTY (Line 3 multiplied by 3% per month late) \$
6. TOTAL HOTEL/MOTEL TAX DUE \$

SECTION 3 - RESTAURANT TAX

- 1. GROSS RECEIPTS of alcoholic beverage sales \$
2. GROSS RECEIPTS of food & non-alcoholic sales \$
3. TOTAL AUTHORIZED DEDUCTIONS \$
4. TOTAL GROSS RECEIPTS (1+2 minus 3) \$
5. AMOUNT OF TAX (Line 4 multiplied 2%) \$
6. LATE PENALTY (Line 5 multiplied by 3% per month late) \$
7. TOTAL RESTAURANT TAX DUE (Line 5 + Line 6) \$

SECTION 4 - AMUSEMENT TAX

- 1. GROSS RECEIPTS from Fee Charged \$
2. AMOUNT OF TAX (Line 1 multiplied by 3%) \$
3. LATE PENALTY (Line 2 multiplied by 3% per month late) \$
4. TOTAL AMUSEMENT TAX DUE \$

SECTION 5 - CERTIFICATION

The undersigned certifies that this return is true and accurate to the best of their knowledge/belief and information provided is taken from the books and records of the business for which this return is filed.

Signature: Date:

Printed Name: Phone #:

Email Address:

Return completed Return and Payment to:

City of Peoria - Accounts Receivable, 419 Fulton St Rm. 111 Peoria, IL 61602

All Completed Returns must include a copy of the filed State of Illinois Tax Return of the corresponding reporting period.

