

**VILLAGE OF PEORIA HEIGHTS, ILLINOIS
MUNICIPAL TAX RETURN**

State IBT #: _____

<p>Business Name: _____</p> <p>Local Address: _____</p> <p>City: _____ State: _____</p> <p>Zip Code: _____ Phone: _____</p> <p>Corporate Name: _____</p> <p>_____</p> <p>Taxpayer signature and title</p>	<p>This return filed for the period:</p> <p>FROM: _____ TO: _____</p> <p>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.</p> <p>_____</p> <p>Preparer's signature and phone number</p>
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<p>RESTAURANT/TAVERN ESTABLISHMENTS:</p> <p>Gross receipts from the sale of alcoholic beverages</p> <p>Gross receipts from the sale of food & non-alcoholic beverages</p> <p>TOTAL GROSS RECEIPTS: (lines 1+2)</p> <p>DEDUCTIONS AUTHORIZED: Items taken from the premises in sealed containers of wholesaler/manufacturer or coin-operated food dispensing machines</p> <p>TAXABLE RECEIPTS: (line 3 minus line 4)</p> <p>AMOUNT OF TAX: (line 5 multiplied by 2.0%)</p> <p>LATE PENALTY: (line 6 multiplied by 5.0%)</p> <p>LATE INTEREST: (lines 6 multiplied by 2.0% per month)</p> <p>TOTAL RESTAURANT/TAVERN TAX & CHARGES DUE: (lines 6+7+8)</p>	<p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p>
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Make checks payable to: Village of Peoria Heights

**Mail to: Village Clerk
4901 North Prospect Road
Village of Peoria Heights, IL 61616**

**Taxpayer questions or additional forms,
Please call (309) 686-2385**