



City of Rockford Consolidated Local Sales Tax Return

DUE DATE: This tax return form must be filed monthly no later than the end of the month following the month of sales reported.
Failure to comply may result in fines, penalties and additional enforcement action.

*If any information regarding your business has changed, you must complete and return to us an updated Local Sales Tax Business Registration Form.
The form is available on the City's website or you can call (779) 348-7165 to request a copy.*

	Business Name & Location: (REQUIRED)	Sales Reported for Period Ending (REQUIRED)	<input style="width: 90%;" type="text" value="(mm/yyyy)"/>
DBA >>	<input style="width: 95%;" type="text"/>		
Legal Name >>	<input style="width: 95%;" type="text"/>	City Assigned Business Number (REQUIRED)	<input style="width: 90%;" type="text" value="(5 digits)"/>
Address >>	<input style="width: 95%;" type="text"/>		

> Section 1 - FOOD & BEVERAGE		(DO NOT round figures)	
1	Gross sales of FOOD & BEVERAGES	(1)	+ \$ _____ 1
2	Less sales of FOOD & BEVERAGES through Marketplace Facilitators	(2)	- \$ _____ 2
3	Total Taxable SALES - Food & Beverage	(1) - (2)	= \$ _____ 3
4	FOOD & BEVERAGE TAX Due (line 1 x 1%)	(MFB) <i>(official use only)</i>	x 1% = \$ _____ 4 (A)

> Section 2 - PACKAGE LIQUOR		(DO NOT round figures)	
1	Gross sales of PACKAGE LIQUOR	(1)	+ \$ _____ 1
2	Less sales of PACKAGE LIQUOR through Marketplace Facilitators	(2)	- \$ _____ 2
3	Total Taxable SALES - Package Liquor	(1) - (2)	= \$ _____ 3
4	PACKAGE LIQUOR TAX Due (line 1 x 1%)	(MPLIQ) <i>(official use only)</i>	x 1% = \$ _____ 4 (B)

> Section 3 - HOTEL/MOTEL		(DO NOT round figures)	
1	Gross sales from ROOM RENTALS	(1)	+ \$ _____ 1
2	Less sales for PERMANENT GUESTS (same room for more than 30 consecutive days)	(2)	- \$ _____ 2
3	Total Taxable SALES - Hotel/Motel	(1) - (2)	= \$ _____ 3
4	HOTEL/MOTEL (Sales) TAX Due (line 3 x 1%)	(MHM) <i>(official use only)</i>	x 1% = \$ _____ 4
5	HOTEL/MOTEL (Tourism) TAX Due (line 3 x 5%)	(MTOUR) <i>(official use only)</i>	x 5% = \$ _____ 5
6	Total HOTEL/MOTEL TAX Due (line 4 plus line 5)		\$ _____ 6 (C)

Total TAXES Due With This Return - (A) plus (B) plus (C)..... PLEASE PAY \$

DO NOT TEAR...RETURN ENTIRE FORM WITH YOUR PAYMENT.

**** REMINDERS ****

- *If your business is active but has no sales this month, a return is still required. Report all amounts as \$-0- in that case.
- *If your business has closed or been sold and this is a final return, check the box and complete a Local Sales Tax Business Registration and Notice of Changes Form.
- *Keep a copy of this return for your records.

Final Return

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

Signature: _____ Printed Name: _____ Title: _____ Date: _____

Return ENTIRE form and payment to:

CITY OF ROCKFORD
LOCAL TAX COLLECTION DEPT.
425 EAST STATE STREET
ROCKFORD, ILLINOIS 61104

Updated Version: 02/04/21