



Dear Business Owner:

On April 10, 1978, the City of Rockford City Council passed an ordinance enacting a 1% tax on the purchase of food, beverages and alcoholic liquors effective on June 1, 1978 and a 5% tax on hotel/motel rooms effective July 1, 1999.

On or about the 25th day of each month, a preprinted tax form and envelope will be sent to you. Please fill in the blanks with your sales and metro tax information for the previous month and return a copy of the form along with your check in the enclosed envelope. In order to avoid penalties, tax forms must be filed by the last of the month for the previous month's sales.

You may wish to have your tax return sent to an accounting firm or to your corporate offices. A questionnaire is enclosed so that you can provide us with this information for your account. The tax returns will be mailed according to the information on the completed questionnaire. Please return this form to our office within five days.

If you have any other questions or require additional information, my phone is (815) 987-5619 and my fax is (815) 961-3154.

Sincerely,

Rosemary Wright
Account Clerk
Local Tax Collection Section



Chris Black, Director
Finance Department

Local Tax Business Information

Legal Name of Business: _____

Business Name: _____

Business Address: _____

Business Phone No. () _____ - _____

Owner's Name: _____

Owner's Address: _____

City, State, Zip _____

Owner's Phone No. () _____ - _____

*If there is more than one owner of the business; List all of the owners along with their respective addresses and phone numbers on a separate piece of paper and return with this form.

Accounting Firm: _____

Please list on the lines below where you would like the tax forms sent to:

Name: _____

Address: _____

City, State, Zip _____

State Sales Tax Number: _____

Date Business Opened: _____

Tax Type: _____ Food/Beverage _____ Package Liquor _____ Hotel/ Motel

The information on this form is confidential business information and will be used only for official use in administering local tax collection. Thank you for your time and effort.

FOOD AND BEVERAGE SALES TAX RETURN – Worksheet

CITY OF ROCKFORD

425 East State Street
Rockford, IL 61104

Under penalties provided by law, the
Undersigned certifies that this return
Is true and accurate to the best of his/her
Knowledge and belief and is taken from
The books and records of the business
For which this return is filed.

- | | |
|---|----------|
| 1. Total gross receipts from the sale of food and beverage items LESS ANY TAXES | \$ _____ |
| 2. Total gross receipts from the sale of alcoholic beverages LESS ANY TAXES | \$ _____ |
| 3. Net food and beverage receipts (line 1 plus Line 2) | \$ _____ |
| 4. Multiply line 3 by tax rate 1% (.01) | \$ _____ |
| 5. This equals the Food and Beverage Tax | \$ _____ |

TAXPAYER'S COPY

**(RETURN THIS SECTION WITH FINAL RETURN ONLY)
INSTRUCTIONS FOR FILING**

1. This return is due on or before the last day of each month in which Food and Beverage Sales are made.
2. The law provides for significant financial penalties for late filing or failure to file this return.
3. Make check payable to: **CITY OF ROCKFORD**
4. Enclose the check and the top section of the return in the enclosed envelope. Keep the taxpayer's copy for your records.

☐ **FINAL RETURN**

If the business has been discontinued and no longer incurs liability for tax
Place a cross (X) in the space and answer the following.

___ Old Business Name _____	___ New Business Name _____
___ Business Sold _____	___ New Owners Name _____
___ Business Discontinued _____	___ New Owners Residence Address _____
Date: _____	_____

RETURN THIS PORTION WITH YOUR CHECK MADE PAYABLE TO: **CITY OF ROCKFORD**
FOOD AND BEVERAGE SALES TAX RETURN

CITY OF ROCKFORD
Local Tax Collection Section
425 East State St.
Rockford, IL 61104-1068

BUSINESS # 12060
PERIOD ENDING
DUE DATE

- | | |
|---|----------|
| 1. Total gross receipts from sale of food and Beverage items LESS ANY TAXES | \$ _____ |
| 2. Total gross receipts from the sale of alcoholic Beverages LESS ANY TAXES | \$ _____ |
| 3. Net food and beverage receipts (line 1 plus Line 2) | \$ _____ |
| 4. Multiply line 3 by tax rate 1% (.01) | \$ _____ |
| 5. This equals the Food and Beverage Tax | \$ _____ |

Under penalties provided by law, the
undersigned certifies that this return
is true and accurate to the best of his
or her knowledge and belief and is
taken from the books and record of
the business for which this return is

LOCATION:

Date: _____

Signature _____

BROOKLYN DELI