



City of Rockford Local Sales Tax Return

Month Ending: \_\_\_\_\_

>>>>Due Date: End of month following month of sale <<<<<

Check here if any information listed about your business is wrong or has changed and complete the other side of this return.

Business Location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return ENTIRE form with your payment. Keep a copy for your records.**

Please round your figures to whole dollars.



**Section 1 - FOOD & BEVERAGE**

1 Sales of <b>FOOD &amp; NON-ALCOHOLIC BEVERAGES</b> - (less any taxes)	(1)	\$ _____	.00
2 Sales of <b>ALCOHOLIC BEVERAGES</b> - (less any taxes)	(2)	\$ _____	.00
3 Total Taxable Sales	(1) + (2)	\$ _____	.00
4 <b>FOOD &amp; BEVERAGE Tax Due (line 3 x 1%)</b>	(METRL) <small>(official use only)</small>	1.0% \$ _____	.00 (A)

**Section 2 - PACKAGE LIQUOR**

1 Sales of <b>PACKAGE BEER</b> - (less any taxes)	(1)	\$ _____	.00
2 Sales of <b>PACKAGE WINE</b> - (less any taxes)	(2)	\$ _____	.00
3 Sales of <b>PACKAGE LIQUOR</b> - (less any taxes)	(3)	\$ _____	.00
4 Total Taxable Sales	(1) + (2) + (3)	\$ _____	.00
5 <b>PACKAGE LIQUOR Tax Due (line 4 x 1%)</b>	(METPK) <small>(official use only)</small>	1.0% \$ _____	.00 (B)

**Section 3 - HOTEL/MOTEL**

1 Gross sales from <b>ROOM RENTALS</b> - (less any taxes)	(1)	\$ _____	.00
2 Less sales for <b>PERMANENT GUESTS</b> (same room for more than 30 consecutive days) - (less any taxes)	(2)	\$ ( _____ )	.00
3 Net Taxable Sales	(1) - (2)	\$ _____	.00
4 HOTEL/MOTEL Tax Due (line 3 x 1%)	(METMH) <small>(official use only)</small>	1.0% \$ _____	.00
5 HOTEL/MOTEL OPERATOR'S OCCUPATION (Tourism) Tax Due (line 3 x 5%)	(METTOR) <small>(official use only)</small>	5.0% \$ _____	.00
6 <b>Total HOTEL/MOTEL Tax Due (line 4 plus line 5)</b>		\$ _____	.00 (C)

**Total Taxes Due With This Return - (A) plus (B) plus (C)** \$ \_\_\_\_\_ .00

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

- Reminders:
- \*A return is required to be filed even if no sales are reported. Report all amounts as \$-0- in that case.
  - \*Failure to report and pay on time is a violation of City ordinance punishable by fines and penalties.
  - \*Keep a copy of this return for your records.**

*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.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Return ENTIRE form and payment to:  
**CITY OF ROCKFORD**  
LOCAL TAX COLLECTION DEPT.  
425 EAST STATE STREET  
ROCKFORD, ILLINOIS 61104