



Consolidated Sales Tax Return

Finance Department – Local Sales Tax Division

425 East State Street • Rockford, Illinois 61104 • (779) 348-7165 • localsalestax@rockfordil.gov

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

SECTION 1 – BUSINESS INFORMATION

City Assigned Business Number: _____ Sales Reported for Period Ending: _____

Business Name (DBA): _____

Address: _____

* If any information regarding your business has changed, you must complete Notice of Change form, rockfordil.gov/localsalestax

SECTION 2 – FOOD & BEVERAGE

1. Gross Sales of FOOD & BEVERAGE (includes alcohol)	\$ _____
2. Less Sales of FOOD & BEVERAGE through Marketplace Facilitators	\$ _____
3. Total Taxable SALES for FOOD & BEVERAGE	(1-2)= \$ _____
4. TOTAL FOOD & BEVERAGE TAX DUE	(3 x 1%)= \$ _____

SECTION 3 – PACKAGE LIQUOR

5. Gross Sales of PACKAGE LIQUOR	\$ _____
6. Less Sales of PACKAGE LIQUOR through Marketplace Facilitators	\$ _____
7. Total Taxable SALES for PACKAGE LIQUOR	(5-6)= \$ _____
8. TOTAL PACKAGE LIQUOR TAX DUE	(7 x 1%)= \$ _____

SECTION 4 – HOTEL/ MOTEL

9. Gross Sales of ROOM RENTALS	\$ _____
10. Less Sales of PERMANENT GUESTS	\$ _____
11. Total Taxable SALES for HOTEL/MOTEL	(9-10)= \$ _____
12. HOTEL/MOTEL (sales) TAX DUE	(11 x 1%)= \$ _____
13. Gross Sales of ROOM RENTALS	\$ _____
14. Less Sales of PERMANENT GUESTS	\$ _____
15. Less Sales of ROOM RENTALS through Marketplace Facilitators	\$ _____
16. Total Taxable SALES for HOTEL/MOTEL	(13-14-15)= \$ _____
17. HOTEL/MOTEL (tourism) TAX DUE	(16 x 5%)= \$ _____
18. TOTAL HOTEL/MOTEL TAX DUE	(12+17)= \$ _____

SECTION 5 – TOTAL TAX DUE

(4+8+18)= \$ _____

Enclosed a payment for this amount with a copy of your tax return

SECTION 6 – CERTIFICATION

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: _____ Title: _____ Date: _____

Printed Name: _____ Phone #: _____

Return completed form with payment to:

City of Rockford – Local Tax Collection Section, 425 East State Street, Rockford, IL 61104