



PLACES FOR EATING TAX RETURN

East Moline Code of Ordinance 23-21

Business Name: _____

Business Address: _____

Mailing Address: _____

Check here if above information is updated/changed

Federal I.D. Number: _____

Calendar month for which tax return applies: _____

- | | |
|---|----------|
| 1. Total Gross Receipts | \$ _____ |
| 2. Tax Due (Line 1 X .015) 1.5% PLACES FOREATING TAX | \$ _____ |
| 3. Late Filing Penalty (Line 2 X .02) 2% per month | \$ _____ |
| 4. Total Tax and Penalty Due, if applicable (Add Lines 2 and 3) | \$ _____ |

INSTRUCTIONS FOR FILING:

TAX AMOUNT: Tax rate is 1.5% of total gross receipts.

DUE DATE: The completed return and payment shall be due and payable on the twentieth day of the month following the preceding calendar month during with the gross payments were received.

PENALTY: Late charges are calculated at the rate of 2 percent (2%) per month.

REMITTANCE: Make checks payable and remit to: City of East Moline
Finance Office
915 16th Avenue
East Moline, IL 61244
(309) 752-1542

I certify under penalty as prescribed by law that I have examined this return, and to the best of my knowledge, it is true and accurate.

Signature of Preparer: _____ Printed Name: _____

Title: _____ Date: _____

Telephone Number: _____ Email: _____