



CITY OF EVANSTON UTILITY TAX (Electric) RETURN STATEMENT

Statement of Tax Receipts under the Provisions of City of Evanston, Municipal Code, Title 3, Chapter 2, "Utility Tax (Electric)"

This return must be filed on or before the 20th day of the calendar month, succeeding the end of the monthly filing period. If the return is filed late, a penalty of 10% per month or part thereof is assessed. A single check may be issued for multiple locations; however, a separate tax statement is required for each store location and month.

Please mark an (X) on the appropriate month for payment:

- | | | | |
|-----------------------------------|--------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> April | <input type="checkbox"/> July | <input type="checkbox"/> October |
| <input type="checkbox"/> February | <input type="checkbox"/> May | <input type="checkbox"/> August | <input type="checkbox"/> November |
| <input type="checkbox"/> March | <input type="checkbox"/> June | <input type="checkbox"/> September | <input type="checkbox"/> December |

Corporation / Partnership Name: _____

DBA: _____

Address of Business: _____

Kilowatt-Hours Used / Month x Rate	
First 2000 kWh X 0.61	\$
Next 48,000 kWh X 0.40	\$
Next 50,000 kWh X 0.36	\$
Next 400,000 kWh X 0.35	\$
Next 500,000 kWh X 0.34	\$
Next 2,000,000 kWh X 0.32	\$
Next 2,000,000 kWh X 0.315	\$
Next 5,000,000 kWh X 0.31	\$
Next 10,000,000 X 0.305	\$
In excess of 20,000,000 kWh X 0.30	\$
*If late, complete lines 2 through 4	
1) Late Fee Percentage: (Multiply line 1 by 0.10)	
2) Month(s) Delinquent	
3) Total Tax and Penalty Due: (Multiply lines 3 and 4)	\$

Under penalties as provided by law, the undersigned attests that this tax 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 is filed.

Print Name of Person Preparing Return: _____

Title: _____

Phone Number: _____

Signature: _____

Date: _____

Return this completed form along with a check for the tax due to:

The City of Evanston, Lorraine H. Morton City Hall, ATTN: City Collector's Office, 909 Davis Street, Evanston, IL 60201.

(Internal Use only: 100.15.1560.51600) www.cityofevanston.org/business/home-rule-taxes