



RETURN STATEMENT:

# MUNICIPAL UTILITY TAX

(Natural Gas)

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

This return must be filed on or before the 20th day of the month, succeeding at 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] in the respective month:

Year: \_\_\_\_\_

- |                                    |                                   |                                   |                                   |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> JANUARY   | <input type="checkbox"/> FEBRUARY | <input type="checkbox"/> MARCH    | <input type="checkbox"/> APRIL    |
| <input type="checkbox"/> MAY       | <input type="checkbox"/> JUNE     | <input type="checkbox"/> JULY     | <input type="checkbox"/> AUGUST   |
| <input type="checkbox"/> SEPTEMBER | <input type="checkbox"/> OCTOBER  | <input type="checkbox"/> NOVEMBER | <input type="checkbox"/> DECEMBER |

Corporation / Partnership Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Year: \_\_\_\_\_

Address of Business: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

|                                                   |    |
|---------------------------------------------------|----|
| 1. Gross Monthly Receipts                         |    |
| 2. Tax Amount Due: (Multiply line 1 by 0.05)      | \$ |
| *If late, complete lines 3 through 6              |    |
| 3. Late Fee Percentage: (Multiply line 2 by 0.10) |    |
| 4. Month(s) Delinquent                            |    |
| 5. Total Penalty Due: (Multiply lines 3 and 4)    | \$ |
| 6. Total Tax and Penalty Due: (Add lines 2 and 5) | \$ |

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.

Preparer's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed return statement to:

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