

CITY OF COLLINSVILLE

Tax Return on Sales of Prepared Food and Certain Alcoholic Beverages

Period covered by this return _____, 20 _____

Name of Retailer _____

Address _____

Tax Identification Number _____

Doing Business as _____

(Name and Address if different) _____

1. SALES OF PREPARED FOOD FOR IMMEDIATE CONSUMPTION
AND CERTAIN ALCOHOLIC BEVERAGES: (Do not include any
taxes: should agree with State Tax return.) _____

2. Multiply by 1% tax rate (.01) _____

3. TAX DUE AND PAYABLE _____

4. PENALTY: Add penalty of 5% per month, or portion thereof, if filed
late. _____

NOTE: This return must be filed on or before the last day of the
calendar month succeeding the end of the month filing
period or postmarked no later than the last day of the
month.

5. TOTAL PAYMENT DUE: (Sum of lines 3 and 4) _____

Please attach a copy of Form RR1A of your state sales tax return.

Make checks payable to: City of Collinsville
Return Completed Forms and Payment to: 125 S. Center St.
Phone: (618) 346-5200 Collinsville, IL 62234

Under penalties of perjury, I declare that I have examined this return including accompanying schedules
and statements, and, to the best of my knowledge and belief, it is "true, correct, and complete." Declaration
of Preparer (other than taxpayer) is based on all information of which Preparer has knowledge.

Signature/Title Phone Date

Signature of Preparer if other than Taxpayer Phone Date