VILLAGE OF MORTON GROVE 6101 W. CAPULINA MORTON GROVE, IL 60053

MAIN NUMBER: 847-965-4100 EXT 0

FAX: 847-663-6185

FINANCE DEPARTMENT: 847-663-3037

SELF STORAGE FACILITY TAX RETURN

MONTHLY REMITTANCE FORM

BUSINESS NAME	HON PERIOD: MONTH AND YE	EAR	
ADDRESS			
CITY		STATE	ZIP
Illinois Business Tax Number for Morton Gr	ove Business Location (from Illinois ST-1)	
PAYMENT AND TAX RETU THE ABOVE COLLECTION			E CLOSE OF
1. GROSS SELF STORAGE RECEIPT	S (LINE 3 OF THE STATE ST-1) **		
**IF LINE 1 DOES NOT MATCH LINI	E 3 FROM THE ST-1, PLEASE EXPL	AIN WHY:	
2. VILLAGE TAX RATE IS 5%			
3. MULTIPLY LINE 1 BY LINE 2. THIS IS YOUR TOTAL MORTON GROVE SELF STORAGE FACILITY TAX DUE			
IF FILING AND/OR PAYING AFT	ER THE DUE DATE, THE FOLLOINCLUDED WITH PAYMENT	WING PEN	ALTIES MUST BE
4. LATE FILING FEE: LINE 3 (TAX E greater.	, ,		
5. LATE PAYMENT FEE: LINE 3 (TAX whichever is greater	X DUE) MULTIPLIED BY 10% or \$1	00,	
ADD LINES 3, 4, AND 5. THIS IS YOU	JR TOTAL TAX AND PENALTIES I	DUE	
UNDER PENALTIES OF PERJURY AND OTHER PEINCLUDING ACCOMPANYING SCHEDULES AND CORRECT, AND COMPLETE. DECLARATION OF I PREPARER HAS ANY KNOWLEDGE. I FURTHER RECORDS OF THE BUSINESS FOR WHICH THIS RECORDS OF THE BUSINESS FOR WHICH THE BUSINESS FOR WHIC	STATEMENT, AND TO THE BEST OF MY KNOW PREPARER (OTHER THAN TAXPAYER) IS BASE DECLARE THAT THE INFORMATION SET FORT	VLEDGE AND BE ED ON ALL INFO	ELIEF, IT IS TRUE, RMATION OF WHICH
SIGNATURE OF TAXPAYER	PRINTED NAME	T	ITLE
SIGNATURE OF PREPARER	PRINTED NAME		
DATE C	ONTACT PHONE		

THIS FORM IS AUTHORIZED AS OUTLINED BY TITLE 1, CHAPTER 10, ARTICLE L OF THE VILLAGE OF MORTON GROVE CODE. DISCLOSURE OF THIS INFORMATION IS REQUIRED. COPIES OF ILLINOIS DEPARTMENT OF REVENUE SALES AND USE TAX AND E911 SURCHARGE RETURN FOR THE PERIOD COVERED BY THIS RETURN MUST BE SUBMITTED WITH THE VILLAGE RETURNS. FAILURE TO COMPLY MAY RESULT IN A PENALTY AND REVOCATION OF BUSINESS LICENSE.