CITY OF EVANSTON
GAS USE TAX RETURN STATEMENT

Statement of Tax Receipts under the Provisions of City of Evanston, Municipal Code, Title 3, Chapter 2, "Gas Use Tax"

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. **EXEMPTION:** No tax authorized by this section is imposed with respect to any transaction in interstate commerce or otherwise to the extent to which the business may not, under the constitution and statutes of the United States, be made the subject of taxation by this state or any political subdivision thereof; nor shall any persons engaged in the business of distributing, supplying, furnishing or selling gas or electricity, or engaged in the business of transmitting messages be subject to the taxation under the provisions of this Section for such transactions as are or may become subject to taxation under the provisions of the "Municipal Retailers' Occupation Tax Act" authorized by 65 ILCS 5/8-11-1.

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

☐ January	☐ April	☐ July	☐ October
☐ February	☐ May	☐ August	☐ November
☐ March	☐ June	☐ September	☐ December

Corporation / Partnership Name: _____

DBA: _____

Address of Business: _____

1) Monthly Therms Billed	
2) Exemptions	
3) Taxable Receipts (Subtract lines 1 and 2)	
4) **Tax Amount Due:** (Multiply line 3 by 0.025)	**$**
If late, complete lines 5 through 8	
5) Late Fee Percentage: (Multiply line 4 by 0.10)	
6) Month(s) Delinquent	
7) **Total Penalty Due:** (Multiply lines 5 and 6)	**$**
8) **Total Tax and Penalty Due:** (Add lines 4 and 7)	**$**

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:
100.1208

www.cityofevanston.org/business/home-rule-taxes